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MEDICAL PORTRAITS.

THE PROFESSION IN DUBLIN.

"WHO are the principal medical men in Dublin?" asked an old friend of ours a few days since. "Lecturers or Practitioners?" said we. "Why both," was the reply; "don't Lecturers practise?" "Yes certainly," said we, "but there are few who stand well in both capacities. The profession is brought to such a state by the fee system, none but the pure shop apothecaries sending out their own medicine, that the bulk of the practice is thrown into the hands of a few. Mr. Snooks, the bootmaker, will not pay his next door neighbour a guinea for a prescription, when he can get one of Sir Philip Crampton, or Sir Henry Marsh, at the same rate. This result was foreseen by those gentlemen who so disinterestedly brought about the present state of things. I am personally acquainted with many men of talent, highly educated, and of great perseverance, who after being from five to fifteen years in practice, have not made enough by their profession to pay their house-rent. Well, the men thus fully employed have very little time for lecturing, and then most of the chairs at the different schools are filled by men who devote the principal part of their time to teaching, and thus earn a precarious livelihood." "But Stokes, Graves, Corrigan, Adams, and so on, have a good deal of practice, and they lecture," retorted Amicus. "So they do," was the answer, and they are about all you could name, with the exception of one or two perineum supporters. One half of the younger practitioners get their living either by demonstrating or grinding; some of them make perhaps a couple of hundred a year in this way, and are so perfectly innocent of practice, that one of them told me he had taken but two fees in five years!" "Well, but do you mean to say that there are students enough in Dublin to support men by lecturing alone, and the fees so very low?" "Yes, there's Harrison for example. Nobody suspects him of making much in any other way, though he is Surgeon to Jervis-street Hospital. He is Professor of Anatomy and Surgery in the University, for which he gets two hundred a year, and the fees of the pupils. He had upwards of a hundred and twenty last session. The fee for anatomy and physiology is three guineas, surgery two guineas; so take the average at four guineas, he clears near seven hundred a year." "A pretty thing, too; what sort of a fellow is he?" "In person he is a stout bustling little fellow, more like a country auctioneer than a University Professor. As a lecturer he is very much liked; his surgical lectures are very poor, but as a demonstrator he stands unrivalled in Dublin." "What is his style?" "Earnest simplicity. No one can attend in his theatre

without profit. He is thoroughly master of his subject, and has the power and desire to communicate all he knows in the readiest manner; and then he so lightens the dry details of mere descriptive anatomy, by little scraps of physiology and practical points in surgery, that he engages and fixes the attention from his first to his last word. Some of the older students complain that he gives nothing but his 'Dublin Dissector,' and 'Harrison on the Arteries,' over and over again." "But this, in my opinion, is no fault. Who is he like here?" "Why, just imagine Bransby Cooper, without his action and gesture, and you have the very man." "Who was he?" "Why I hardly know, but he was apprenticed at Stevens' Hospital, and afterwards went to Paris. Then he married either a daughter or sister of Abraham Colles, and the old boy pushed his relation into the College school. He and Jacob lectured together, and had a capital class. When Macartney resigned at the University, the colleagues both canvassed for the vacancy, and Harrison got it with flying colours. Old Jacob has hated him most cordially ever since, and never passes his house without mentally consigning him to the pit that is bottomless. But I'm in a hurry now, and I'll tell you all about the rest of them next time we meet. Good morning."

BRITISH MEDICAL ASSOCIATION.—The deputation appointed to wait on the Solicitor-General, Sir Thomas Wilde, M.P., reported to the Council, that they had waited upon Sir Thomas last week by appointment, and had been very kindly received. He promised to present the petition, and stated that he would attend to the subject of Medical Reform, and make himself acquainted with its bearings. He would willingly receive any papers, or any facts, from the Association, connected with the question; and, if it was desired, would again confer with the deputation. He could say at once that with so much of the sentiments of Medical Reformers as led them to demand such a reform of the medical corporations as would be analogous to the reform of the municipal corporations, he could agree. It was his opinion that all governing bodies existed for the advantage of the members at large, to whom they should be responsible.

MR. HALPIN, of Cavan, in the 'Dublin Journal of Medical Science' for the current month, strongly recommends a novel mode of remedying retroversion of the uterus, which was successfully resorted to by him in one instance. The apparatus made use of consisted merely of a bladder, which, being introduced into the vagina, was then inflated, and equable and gradual pressure thereby applied to the displaced organ. Mr. Halpin notices the difficulty usually experienced in catheterism in cases of retroversion of the uterus, expressing his preference for a long elastic catheter, which may often be advantageously substituted for the ordinary silver instrument.

The funds of the General Dispensary, Limerick, are completely exhausted.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

MALIGNANT DISEASES—SCHIRRUS; CANCER; CARCINOMA.

THE affections, gentlemen, of which I have hitherto spoken, are all of them of a curable nature; and in many instances, though attended with great temporary disturbance of the part, and with a serious influence on the system at large, yet the derangement is of a temporary kind; and after going through a certain process the part recovers its functions; or at all events, even if it have become seriously injured in that respect, it may recover so far that the life of the individual is preserved. I now proceed to mention some affections that seem to be essentially of a destructive character—in which there is not the same salutary tendency as in those that we have hitherto considered; not the same natural disposition to recovery after going through the diseased process, but where the nature of the action tends to the destruction of the textures of the organ in which it is seated, and which even proceeds to the destruction of life. Such seems to be the essential character of the affections that I am now going to describe to you; and hence they have been called *malignant diseases*, in opposition to the former.—The diseases which we call *cancer*, *fungus hæmatodes*, and *melanosis*, all of them agree in the two points that I have now mentioned; that is, they completely destroy the natural texture of the part in which they take place, and they also proceed to affect other parts besides those in which they primarily originate, by which extension they destroy the life of the individual. In these leading features, cancer, fungus hæmatodes, and melanosis, severally agree; and hence they are very commonly described together, and have been regarded by some as one affection. There is, however, an essential difference between them: although they have the same destructive tendency in relation to the parts and the life of the individual, yet they differ in the nature of the changes which they produce in the affected part, and they differ in the age of the individuals whom they attack, as well as in respect to certain other points in their course and termination.

Cancer consists in a peculiar change of structure of the organ in which it is seated, and the principal character of which is an unnatural hardness or induration. It may, or may not, be accompanied with swelling of the part. The change of structure then proceeds into a state of ulceration; it does not remain limited to the organ in which it has first arisen, but extends to the neighbouring parts. It shows itself in other forms in the internal organs of the body; it produces pain, emaciation, and serious constitutional affections; and by the progress of the local symptoms in the part first affected, and by the increase of those constitutional symptoms, it destroys the patient. The swelling and induration of the part which constitute the first stage of the disease, are denominated *schirrus*. The disease is called *schirrus* in that early state of its development. The word cancer or carcinoma is more properly applied to the ulcerated stage, carcinoma being equivalent to what, in common language, is called open cancer. The essential nature of the disease, then, seems to consist in the succession of these two stages—that of induration and that of ulceration. Now the word *schirrus* is applied frequently by modern writers to any hard enlargement of an organ, without considering whether this is of a nature likely to proceed to the subsequent change of carcinoma or ulceration. In this sense the word is applied by Boyer, in his treatise on surgical diseases. In his article on the subject of *schirrus*,

he merely defines it as enlargement and induration of a part; and says that schirrus sometimes proceeds to cancerous ulceration, and in other instances does not. Now the mere character of hardness is not in itself a proper basis for distinction in pathology. Various affections, different in their essential nature, agree in possessing that single character. The mere circumstance, therefore, of consistence, is not of itself a sufficient ground of distinction on which to establish a particular class of diseases. I think, therefore, it is best to keep to what writers in this country now do, namely, to restrict the term schirrus to those changes in the structure of a part which will subsequently ulcerate and become carcinomatous. Intractable ulcerations affecting the skin, although they may not have been preceded by obvious tumour, or in a state of schirrus induration, generally pass, particularly in common language, under the name of cancer; in fact, that seems to be the form which cancer generally assumes when it affects the cutaneous texture; so that, perhaps, if we were to employ the term very strictly, we should find that we could hardly lay down as a general rule, the necessity of any previous existence of schirrous enlargement. Now we generally see cancer occurring as a change in some particular organ: however, cancerous structure, that is, schirrous enlargement which proceeds subsequently to ulceration, may occur as a newly-formed tumour in any part of the cellular texture of the body, like other tumours; this, however, is not common. The parts of the body which are most subject to cancer are, in the first place, the female breast, the stomach, or at least certain parts of it, (the cardiac and pyloric extremities,) the rectum, the uterus, the lip, the tongue, the penis, the testicle, and the ovary. These are parts in which schirrus occurs primarily; but in the advanced stage of cancer, secondary depositions of a cancerous nature, may take place in a great variety of parts of the body. The absorbent glands commonly become affected; the lungs, the liver, the bones, and various internal parts, may be the seats, in a secondary way, of cancerous affection. It is often stated in the accounts of those parts which are most frequently the seat of cancer, that the testis of the male, and the ovary of the female, are among these; indeed, you will find that the testes and the ovaria are often enumerated as parts particularly subject to cancer. This I consider to be by no means a correct representation, if we confine the term cancer to the change I have mentioned; for in that case we should say that schirrus, and the subsequent transition into cancerous ulceration, are extremely rare, both in the testes and ovaria.

Now, in order to give you a general notion of the nature of cancer, I believe it will be the best plan to describe the course which the disease takes in the female breast; for the observations that I shall have to make to you respecting the nature of the diseased change, its course, and ultimate effects, as well as respecting the ages of those that are subject to it, and the kind of treatment that is appropriate, will be applicable to the disease generally; but we shall understand the matter better by this kind of individual example than if we were to make a series of general remarks.—The disease, at the commencement of its attack on the female breast, by no means presents that formidable character which it shows in its progress and termination; indeed, for a certain period, it exists merely as an indolent swelling in the breast, which is hardly noticed by the individual in whom it takes place. It very commonly happens that the female discovers by accident the existence of a schirrous lump in the breast; and that when she first perceives it, it has already attained a considerable size. She finds, perhaps, a lump, the size of a walnut, without being previously aware that any disease existed in the part. In this indolent state the schirrous lump will often remain for many months, or even some years—for two or three years, not enlarging nor producing any pain. There is a hard tumour, which is loose and moveable; no discolouration of the skin, and no uneasiness perceived in it. After a time, however, the disease loses this indolent character, and assumes a much more active progress, with symptoms that ob-

trude themselves on the notice of the patient. The tumour becomes painful; it increases in size; some degree of heat, and sometimes a degree of redness and swelling of the breast generally, are perceived. When we come to examine the swelling at this time—and this is the period when it is usually submitted to our examination—we find it characterized by a peculiar incompressible hardness, possessing nothing like elasticity to the feel. You cannot compress it; it has almost the hardness of a stone or solid substance. The surface of the tumour is generally uneven, more or less knotted or tuberculated. It is loose and moveable, not adherent to the pectoral muscle or integuments; so that you can move it about easily, and it feels circumscribed. On examining the breast carefully, you usually observe, particularly if the tumour is increasing, that the superficial veins of that side are much larger and more conspicuous than they are on the other side of the chest. Sometimes they almost assume a degree of varicose enlargement, but usually in the active period of the disease there is a marked difference between the superficial veins of the two sides of the breast. The pain at the commencement of the tumour is not in general constant; it generally comes on at particular periods, and then ceases for a time; it is of a darting or shooting character, and such as has been called lancinating. Then the patient is sometimes quite easy; but all of a sudden a sharp darting pain is experienced in the part, and frequently at this period the pain is very severe. About the same time we usually find that the lymphatic glands of the axilla become affected. You find, perhaps, one or more of them enlarged; and some pain is experienced in the gland, of a kind similar to that which is felt in the tumour. In the progress of the affection we soon find that the disease begins to extend from the circumscribed tumour, of which it at first consists, to the surrounding parts. In the first place the skin becomes adherent to the swelling upon the most prominent point; it is fixed to it; and frequently, in consequence of this, the skin appears to be drawn or tucked in opposite to the swelling, so that you see the situation of the swelling by this retraction of the skin. Sometimes a deep fold is produced by this adherence of the skin to the tumour: at the same time it is not uncommon to observe a retraction of the nipple, so that you find the nipple of the affected breast considerably less elevated than that of the opposite side; sometimes it is, in fact, completely drawn in; and occasionally you find, instead of forming a prominence, that the nipple is situated at the bottom of a depression—the retraction is so considerable. The tumour, after it becomes adherent to the skin, sometimes is also fixed to the pectoral muscle. The cellular texture which intervenes between them becomes consolidated, and the tumour can no longer be moved laterally on the surface of the muscle. After some time the mammary gland, together with the skin which covers it, and the pectoral muscle, form one hard mass, very firmly connected to the surface of the chest, and not admitting of being moved on the parts beneath it. The swelling in the axilla increases; the disease occupies the whole mass of the absorbent glands there, and constitutes a firm solid tumour, which becomes fixed in the axilla in the same way as the schirrous breast itself is fixed on the chest. At the same period you very probably find that the lymphatic glands that are situated above the clavicle about the root of the neck become enlarged; and the progress of the affection that I have now described is attended with considerable increase in the sufferings of the patient. The pain that only took place occasionally becomes more constant and more severe, and the health of the patient begins to be affected. As soon as the glands enlarge above the clavicle, you will find that oedematous tumefaction takes place in the upper extremity; in fact, the whole mass of the lymphatic glands connected with the arm, those in the axilla, and those above the clavicle, become the seat of disease. Hence the interstitial absorption of the limb is put a stop to, and oedematous tumefaction is the result. It sometimes increases to a great extent; the limb augments in size; and being accompanied with inflammatory action in the part, it occasions great

suffering to the individual. During the time that this change is going on, the health of the patient becomes considerably impaired. Sometimes, however, before the disease has gone to the state that I have mentioned, ulceration commences in the original tumour, and we find this takes place in two ways. Sometimes the ulceration is superficial, and produces but little discharge, which however encrusts, so that there is a kind of scale formed on the surface of the part: this is more particularly the case where the integument is drawn in, in the form of the deep folds that I have mentioned, over the tumour. The ulceration comes on in the form of a crack at the bottom of one of these folds; the discharge that takes place from it encrusts over the surface, so that the patient is hardly aware that ulceration has commenced; but more commonly a nipple-like prominence (one or more) takes place on the surface of the tumour, and becomes of a red colour; the tumour, which before was incompressibly hard, now begins to get soft in the situation of these prominences; the skin becomes thinner and thinner, assuming a livid colour, and finally gives way; and you generally find that a discharge, of an ichorous fetid nature, takes place from the surface. This is the most common form of carcinomatous ulceration. When the skin has given way, you find an extensive ulceration taking place in the surface of the tumour, and a deep irregular excavation is speedily formed in it. The parts are removed by ulcerative absorption, and frequently there is the appearance of something similar to sloughing, by which the ulcerated cavity is increased—that is, a part of the surface of the sore assumes a kind of ash-coloured appearance, seems to lose its vitality, and separates like a slough. The discharge that takes place, whether the process is of one kind or the other, is never at all like pus—it is always thin ichor, and in general very fetid. When the ulcer has become of considerable size, we usually find that the edge is elevated, and probably everted; there is a large rising margin, and considerable excavation in the centre; the bottom and sides are very irregular, sometimes presenting a bright red appearance, like granulations, sometimes presenting the ash-coloured sloughs that I have mentioned, and in the separation of these it not uncommonly happens that considerable bleeding occurs. This process of ulceration is attended with excessive, constant, burning pain. If the pain has been at all of a variable character before—that is, if the patient has occasionally been free from it—when this kind of ulceration takes place, the pain will be found to be constant and very severe.—When the complaint has arrived at this stage, the most unequivocal marks of serious constitutional affection are perceived. This has been called by some writers the state of cancerous *cachexia*;—the French particularly describe it. We find that the patient is pale, sallow, and has a kind of leaden appearance of the countenance—that there is considerable emaciation—that the pulse is accelerated, and the functions of the stomach and digestive organs disturbed; but the constant and severe pain renders the patient almost incapable of getting rest, and, in fact, a state more or less like that of hectic is produced. In this state it commonly happens that the breathing becomes affected—a difficulty of respiration comes on, cough occurs, and the patient sinks under the effect of the local disorder, and the consequent constitutional disturbance that it produces.

When we examine the part, we find that the natural structure of the mammary gland is no longer recognisable—it seems as if it had been removed, and in the place of it that peculiar texture that characterizes schirrus, had been deposited. This texture consists of a very hard dense substance, which approaches in consistence almost to that of cartilage; when you cut through it with a knife, you experience the same sort of resistance that you do in cutting through cartilage—it has a kind of semi-transparency, a slightly yellow colour, and it is so hard that we can make no impression at all upon it with the handle of the knife; it is quite homogeneous, very dense indeed, and if you cut thin portions of it, you see that it is semi-transparent. In this structure you will generally observe, however, on close inspection, that there

is an intermixture of white points and streaks disseminated pretty generally through it.

Sometimes the cancerous structure appears to us as a distinct and circumscribed tumour, the limits of which are well defined; but in other instances portions of this cancerous structure extend from the original seat of disease into the neighbouring parts, forming a striking contrast in appearance with the adipose substance which separates it from the other textures. The absorbent glands of the axilla assume a similar appearance—they seem to be converted into a texture very much like that of the original tumour.

In the early stage of the affection of the absorbents, it is not unlikely that the glands may be enlarged simply by irritation, just as the absorbents are by the irritation of ordinary disease in a part; but very soon we find that the glands have the same firm, incompressible hardness which belongs to the original tumour, and we find when we come to examine them after death, that they exhibit the same kind of dense or cartilaginous change of structure. However, the changes of structure that take place in cancer, are not confined, in cases that proceed to a fatal termination, to the parts that are the original seat of disease: when we come to examine the body, we find that the absorbent glands that are seated on the interior surface of the sternum, and anterior part of the mediastinum, are enlarged, and that they have undergone a schirrous change. The absorbents from the breast partly take their course between the cartilages of the ribs to the inside of the chest, and thus it is that the glands become affected. On dissection we generally find that the cancerous tubercles, if we may so call them, are deposited in the lungs, and not uncommonly in the liver also. These are white and tolerably firm depositions, which are usually found in the greatest abundance immediately under the serous membrane of the lungs; but they are also disseminated throughout the substance of these organs, and not uncommonly similar depositions exist in considerable abundance through the whole texture of the liver. Other internal organs are likewise found occasionally to be the seat of the disease, such as the uterus. Tubercular depositions of a schirrous kind have been seen connected with the mucous membrane of the stomach, and of the alimentary canal. In proof of the extensive mode in which the system is generally affected in the termination of these cases, I may observe that sometimes bones themselves are changed in their structure—that there is a partial removal of the earthy matter belonging to them, and a deposition in its stead of a kind of cancerous texture. This is found chiefly in cases where cancer has existed for a great length of time, and hence the long bones of the body have sometimes been broken by slight causes, such as turning in bed. The humerus and the thigh bone have in some instances been broken in cancerous patients under such circumstances. I remember seeing an old woman lying in bed, who had been affected with cancer for many years, and in whom the thigh was broken merely from turning in bed. This fracture occurred two or three months before I saw her, at which time she was still in bed with her broken thigh, and apparently no attempt on the part of nature at repairing the injury.—Some years ago there was a case in this hospital, not of a very old person—in fact, of a female under fifty years of age;—she was here some time, and when she first came, appeared stout and robust in health. Nearly the whole of the sternum, in her case, was affected by cancerous disease. We had an opportunity of examining the parts after death, when it was found that the osseous substance of the sternum had in a great measure been removed, and a dense schirrous texture deposited in its place.—Cancerous tubercles have been known to form even in the brain. Such is the nature of the changes which take place in various internal parts of the body in the advanced stage of cancerous disease.

Now the progress of cancerous disease is not always the same—there are considerable varieties. I have mentioned the progress of it where it appears as a tumour affecting a small part of the mammary gland; but occasionally the same change appears in the entire gland at one and the same time—the whole gland becomes the seat of

cancerous disease, instead of the affection being confined to a single small tumour. When the whole gland is thus the seat of the disease, it generally happens that it increases in size, or is swollen, but not considerably so. When, therefore, you see any large swelling of the breast, you may know perfectly well that this is not schirrus. Frequently, indeed, the gland, instead of being increased in size, is diminished—it undergoes a kind of shrinking from absorption. To use the expression employed by the French, sometimes it is affected with *hypertrophie*—that is, enlargement;—sometimes with *atrophie*—that is, shrinking or diminution. It is in the latter case more particularly, where the shrinking and diminution occur, that the most extensive retraction of the nipple takes place.

Frequently in the progress of the affection, after the mammary gland itself has become the seat of disease generally, or when it has proceeded to ulceration, you have cancerous tubercles developed in the skin in the circumference of the gland—small lumps about the size of peas or beans—little hard knots in the skin. These frequently assume a red or livid colour, become extremely sensitive, very painful, and occasionally go into a state of ulceration. There are considerable varieties observed in the progress of the affection, as to the length of time that it occupies. Generally speaking, we find that it proceeds more rapidly in proportion as the subject is young; its progress is more slow in persons advanced in years. But there are also differences in its progress that we cannot ascribe to the age of the patient, but which seem to arise from some difference in the nature of the affection itself.

I have mentioned that the tumour commonly remains in an indolent state perhaps for several months—or it may even remain in that state for two or three years, or more. When the more active state has begun, we then find that it generally terminates fatally, at all events within two or three years; frequently it ends in a year, or little more, from the time that the more active growth has commenced. I had occasion to remove the mamma of a lady, and at the same time that she discovered the lump there was also a swelling in the axilla—so that at one and the same time she found out the existence of the schirrus in her breast, and change in the state of the axillary glands, consequent thereon. I removed the part for her. When I came to perform the operation, however, I found a much more extensive disease in the axilla than I had expected when I commenced it; and I mention the circumstance to you as a caution. In these cases you find the whole chain of the axillary glands diseased, when perhaps you only expected to find a single gland enlarged. It is proper, as far as possible, to ascertain this point before you operate. I removed the breast and diseased axillary glands of this lady, but the disease returned in the part, and she died, as nearly as possible, in a year from the time when she had first discovered the tumour in her breast. There are other instances in which the disease lasts a much longer time. I was consulted by a lady, about sixty years of age, a thin, spare woman, who had got a cancerous affection of one breast; and the breast so affected was smaller than the other, being shrunk in size. The tumour consisted of a small induration, and was completely fixed to the side of the chest. There was a deep fold of the skin crossing along the centre. This fold was about four inches in length, and at the deepest part about an inch and a half in depth, giving a most singular appearance to the part. There was a single gland diseased between the breast and the axilla. Now in this lady the disease had existed, apparently in that state, between six and eight years, and never gave her any pain all that time; and when I saw her it gave her no uneasiness. A patient died in this hospital in 1829, in whom disease of a decidedly cancerous nature had existed for about twenty years. In this patient, the whole of one breast, with the nipple, had been destroyed. The parts had been removed partly by absorption and by the cancerous ulceration which had attended it. The same affection had taken place and had nearly destroyed the mamma of the other side also. All the anterior

part of the chest, from the clavicle down to the upper part of the abdomen, presented a sort of mass, rather of a carcinomatous substance than of muscle or mammary gland; but, in fact, there was nothing left but an irregular indurated mass, as hard as cartilage, and adhering to the integuments of the chest. When she first came to the hospital there was a large ulceration occupying the interval between the two breasts; there was much pain and inflammation about the parts, and the ulcer was in a foul state; but in other respects she was in good health, and you could not have said that there was anything the matter with her. She looked well in the face—eating, drinking, and sleeping tolerably well. The application of leeches gave her very great relief; in fact so great, that during two or three months she staid in the hospital, the sore almost completely cicatrized. She lost the pain in the chest, and regained her health; so that she went out of the hospital with the sore nearly healed, and she looked so well that a person seeing her dressed, and not knowing the state of her chest, would not have suspected that she had any disease whatever. I mention this to show, that although cancer is to be regarded in general as an incurable affection, yet, under certain circumstances, it does admit of being healed. This patient was out of the hospital some months, and returned again labouring under symptoms of acute inflammation of the chest. She was admitted for this complaint, and died in consequence of it: we had an opportunity of examining her after death. The disease had existed in this individual nearly twenty years. She was about fifty when she died, so that it had begun when she was about the age of thirty. There was very considerable thickening of the pleura and of the upper part of the peritoneum. It would seem as if this long-continued disease in the neighbourhood of these serous membranes had gradually extended to them by continuity, and produced considerable alteration of their structure—a sort of cancerous change of structure, with a granular and indurated surface. There was also in her case a cartilaginous thickening of the pericranium, covering a part of the skull, and a corresponding change of texture of the dura-mater. In a healthy person the progress of the cancerous disease is often so slow that it does not materially shorten life. You may see a lump in the breast that is decidedly schirrus—the integuments may become adherent to it, and both become adherent to the chest; a kind of superficial ulceration will take place, attended with slight encrustation; and this state of things will last for a number of years, and perhaps does not apparently accelerate the descent of the individual to the grave. I am acquainted with a lady whom I have seen various times for six or seven years, and who has got an affection of the breast most decidedly schirrus; the glands of the axilla are enlarged, and there are a few slightly so on the side of the neck. She is now about eighty-four years of age, and I do not imagine that when she dies it will be of cancer. There are a number of instances where cancers last a great length of time, where they have begun at a late period of life.

Cancerous affection sometimes arises from external or accidental causes—such as a blow, or some other injury inflicted on the part; but more commonly they appear to arise spontaneously—that is, from internal causes, the nature and origin of which we cannot exactly trace.

It has been made a question, whether cancer was a local or constitutional disease? The meaning of the latter phrase is not very clear, or obvious. I rather think, however, we might say that cancer is at one period a local disease, and at another a constitutional one. When we see a tumour forming in a small part of the mammary gland, in an individual otherwise perfectly healthy—when we see it not disturbing any function, producing no pain, causing no inconvenience of any kind—I think we must conceive there that the disease is simply confined to the part; and in that condition it is clearly a local disease. When we come to a more advanced period, in which we find the disease showing itself more or less generally on various other parts of the body—when organs distant from that primarily affected become the seat of disease

we recognise the action of some more general influence upon the frame; and I think we may then fairly admit that cancer is a constitutional disease.

It is an important matter to distinguish cancer from other diseases, and more particularly to establish the diagnosis at an early period of the affection. It is at an early period that we have an opportunity of taking effectual means for the removal of cancer, if, in fact, such means can be taken at any period—a point of which some doubt may be entertained. The sooner, therefore, we can recognise the exact nature of the affection, the better chance we have of applying the means at a time when they may be expected to have the effect of removing the complaint.—It has been observed frequently, that several individuals of the same family have suffered from cancer. In this respect, cancer is like any other affection. Those natural peculiarities of the organs, which are transmitted by generation, and which distinguish members of one family, may lead, under certain circumstances, to the occurrence of cancer in them, as they do to phthisis pulmonalis, to affections of the head, or any other forms of disease. Now the female breast is subject to other enlargements, attended with more or less induration, which, in a very early period, can hardly be distinguished from the enlargement of schirrus. At a very early period, the schirrous tumour perhaps is not immediately under the surface of the skin; it is covered by some part of the mammary gland, and by the integuments covering the breast; so that the sensation of incompressible hardness is not communicated to the hand, or it is not clearly recognisable at the very commencement. Then, as far as I know, the characters we must trust to are the unevenness of the surface—that is, the knotty kind of feel it presents—the sharp shooting or lancinating pains; and when these have taken place, the enlargement and the partially varicose state of the external vessels of the part. The age of the patient in some measure assists us too in the diagnosis; at all events it lends us a negative aid. Cancer does not occur in young subjects; it is very uncommon to see it in patients under thirty. You may very safely conclude, if there is swelling in the breast of an individual under thirty, that it is not schirrus. Sir Astley Cooper states, that, in his extensive practice, he has only seen two instances of true schirrus affecting the breasts of individuals under thirty. I have myself certainly seen the disease in an individual under thirty; for I remember removing the breast of a patient in this hospital under that age. She afterwards had the disease in the other breast, and she died of it pretty quickly. Usually it takes place between the ages of forty and fifty; very often about the period of the cessation of menstruation.

I come next to consider the *treatment* of cancer; and before entering upon this, it appears almost necessary to ask whether cancer—that is, whether schirrus in the first instance, and the ulcerative affection to which it leads subsequently, do admit of being cured at all? A general opinion prevails, that true carcinoma, the disease that has now been particularly described, does not, under any circumstances, admit of being cured. I believe, if the opinion of the most experienced persons were asked on this point, they would have no hesitation in saying that this affection cannot be cured; yet I do not know that we should be altogether justified in laying that position down quite broadly and positively. Such a position might lead us to rest contented, without using any means, in certain cases that perhaps might admit of benefit; it is a discouraging opinion to state in that broad way.

PUBLIC HEALTH.—Mr. Slaney's motion for the appointment of a select committee to inquire into the circumstances affecting the health of the inhabitants of large towns was agreed to.

DR. CHAMBERS.—Mr. Phillips, R.A., is engaged in executing a portrait of Dr. Chambers, which is intended to ornament the Board-room of St. George's Hospital, and has been undertaken at the request of the gentlemen educated at that Hospital.

SPIRIT OF THE MEDICAL PRESS.

A CÆSARIAN OPERATION IN A TWIN PREGNANCY. BY DR. SCHOLLER, OF BERLIN.

THE subject of this operation was a poor woman of the middle stature, 40 years old, and affected with lateral curvature of the lumbar portion of the vertebral column. She had suffered severely in early childhood, from rickets, and had not been able to go alone till after her fifth year. Afterwards she had had constant good health; she menstruated first after her twentieth year, and had continued since to do so regularly. In 1836, while unmarried, she became pregnant, and was received into the obstetric department of the hospital, where, in 1837, after a labour of two days and a half, with a presentation of the right shoulder and arm, she was delivered by turning and extraction of a dead and putrid child, the bones of whose skull, separated from their mutual connexions, lay loose within the integuments of the head, as in a sac, containing a thickish pulpy substance that presented no trace of brain. In three weeks after her delivery she left the hospital perfectly well.

A year after this she married, and soon became pregnant again, but again escaped the danger that she must have encountered from the delivery of a full grown and living child, by an accidental abortion in the fourth month. In the middle of February, 1837, she again conceived, and this time her gestation was carried to the full period. She first had labour pains on the 17th of November, in the evening, and they continued through the night, though they were neither severe nor frequent. During the 18th, two midwives and a surgeon made ineffectual attempts to deliver her, and at five in the evening she was brought to the hospital.

Examination detected a very narrow conjugate diameter of the aperture of the pelvis, which amounted at most to two inches and a quarter. Near the umbilical cord which had protruded for some time from the os uteri, and was now pulseless, the head was felt lying quite above the brim of the pelvis; of which the external measure, by Baudelocque's compasses, was six inches. The furrow between two unequal bulgings of the distended abdominal walls gave the idea that she was pregnant with twins, and auscultation proved, in the most striking manner, the existence of a child still living, together with the child which, as its umbilical cord had been protruded beyond the vagina and pulseless for five hours, was certainly dead. The Cæsarean operation, therefore, was now deemed absolutely necessary, and it was commenced at ten o'clock at night, and performed by Dr. Busch, in three minutes and a half. An incision about six inches long, was made in the linea alba, beginning just below the umbilicus, and extending to within an inch and a half of the symphysis pubes. On opening the abdominal walls, which were about two lines thick, some spoonfuls of yellowish serous fluid flowed out. On cutting through the walls of the uterus, which were about five lines in thickness, and in which the incision was five inches long, a considerable hemorrhage took place, and the knife came, as was expected, directly upon the placenta: the operator turned the latter off to the right side, and the arm of the dead child presented. It was seized by the feet (as they should always be) and drawn out, and its umbilical cord was divided. The membranes of the second child were now seen to the upper and left side of the wound, with a dark, bluish, glistening aspect. They were broken, and the child, in the same way as the first, was drawn out by its feet. It soon cried out, and was given to the care of the

attendant midwife. The separated placenta were then taken away and removed with the membranes. The protrusion of the intestines, which would now so easily have taken place in the rapid contraction of the uterus, was entirely prevented by pressing on the abdomen. The wound was united by sutures, and slightly dressed with plaisters and oil compresses, and the patient was carefully put to bed. For the first two days after the operation the patient went on satisfactorily, though with many signs of acute peritonitis; after that time, however, she began to sink, and, notwithstanding the judicious treatment which is detailed at some length, she died on the morning of the 23rd, four days and a half from the performance of the operation.—On opening the body, twenty-four hours after, the large intestines were found adherent by lymph to the omentum, whose lower edge was similarly connected to the abdominal walls, and to the uterus at its upper part, by a broad thick band of lymph. Some adhesion of the intestines to each other were also observed, but nothing like a generally diffused intestinal inflammation. On the left side, near the descending colon, there was a serous exudation, and on the right, just below the cæcum, a dark coagulum of blood adhering to the abdominal wall. The abdominal organs generally were healthy. The uterus was as large as the head of a new-born child. Its peritoneal covering in the neighbourhood of the wound, which passed through only the body of the organ, and did not extend nearly to the fundus, was thickened; the wound itself was open, and its everted edges were discoloured; the apertures in the large blood-vessels were filled by bright-red coagula, which passed far into their canals. The situation where the placenta had been attached was rough and shaggy; there was a coagulum at the base of the uterus, and some distinct remains of decidua still adhering. The wound in the abdominal walls was found completely united on its under surface, by a layer of plastic lymph effused over it; on its external surface it was united only at one point.—*Medicinische Zeitung*, Jan. 1840.—*Translated in Medical Gazette.*

CLINICAL LECTURE BY SIR BENJAMIN BRODIE.

DELIVERED IN THE THEATRE OF ST. GEORGE'S HOSPITAL, MARCH 10, 1840.

STRICTURES OF THE URETHRA—FISTULA IN PERINÆO.

GENTLEMEN,—I believe that in the last lecture I had the pleasure of delivering to you, I concluded the explanation I had proposed to give regarding metallic sounds. I have now to direct your attention to another method of treating stricture, which was introduced into this country, or, at any rate, extensively employed, as many as two hundred years ago, but which was shortly after abandoned, until it was revived by Hunter, and subsequently pursued with great zeal by Sir Everard Home—the same practice that, I observe, has lately been cried up on the continent as a *novelty*;—I allude to the application of *nitrate of silver*. A great diversity of opinion exists as to the merit of this remedy. I shall endeavour to be as brief as possible while I give you an account of it. And first, as to the manner of applying it. It consists simply in passing a bougie with caustic enclosed at its extremity,—the bougie being made smooth round it;—it consists merely in carrying the instrument thus prepared down to the stricture, and then *pressing* it upon the same, say, for the space of half-a-minute, or more, if necessary. Of course, the passage should be previously

examined, and every caution taken. It is an operation which, however easily performed, requires consideration, judgment, care. You should use gentleness and mildness, as I have already stated, avoiding any force that may be likely to cause the part to bleed; for if the membrane happen to tear, you will meet with more difficulty in effecting a cure than you perhaps imagine. When it does bleed, however, you must not use the caustic. Having brought the extremity of the bougie to bear upon the stricture, you must press it down with some weight, otherwise the caustic may adhere, not to the stricture, but to adjoining parts. Sir Everard Home assigned as his reason for employing this powerful remedy, that it *burned the stricture out*; but this notion does not always hold good. When it is the membranous canal which is the seat of the stricture, it is needless to get rid of it by *burning*. The effect of nitrate of silver is not so striking in old strictures as in those which are spasmodic. I have been accustomed to apply it in cases where there has been retention of urine with great success. Very frequently would the urine, immediately after the application, flow in a full stream; although, unfortunately, it is not always so. I once had a patient who used to pass his urine, now in a small stream, now in a large one,—at one time exceedingly contracted in volume, at another greatly enlarged,—and this person, after a caustic bougie had been introduced into the urethra, began to make water in a full and uniform stream. In recent cases, the patient is at once put to rights by the caustic bougie. One advantage of this instrument, in cases of long standing, is, that it enables you with facility to introduce a metallic sound—no mean advantage, you will allow. Nevertheless, I resort to the caustic bougie in my own practice but very seldom indeed, and I am not disposed to recommend it largely. Incautiously employed, it is apt to bring you into difficulties. I say this from my own observation. Sir Everard Home was in the habit of treating eight cases out of nine with the caustic bougie; whereas, I only one or two in nine! Although the caustic is highly capable of relieving spasm, it is yet liable, at times, to render the spasm *worse*—to aggravate it beyond what it ever was before. Where it comes in contact with a torn surface, indeed, it is certain to produce this effect. Not that I mean that this is singular; hæmorrhage occurs after almost any instrument; but I do not believe that it does so to such an extent, or so commonly, as after the use of the caustic bougie. I have known some patients to lose as much as a quart of blood after the introduction of the instrument. Again, if it be not handled with caution,—if the operator be not guided by skill or judgment,—a fistula or an abscess may supervene. And this leads me to ask, how often you would employ the caustic? You will not be slow to perceive, from the tenour of my remarks, that I should never even think of applying it, except when absolutely requisite. Home was an advocate for its constant application; he never could be induced to omit an opportunity of availing himself of it; but I do not go the length with him. “Not too much of a good thing, Doctor,” as uncle Toby saith. I should say, that, if repeated once in five or six days, it will be amply sufficient. I may allude to the method of treating stricture proposed by Dessault, and which has, strange to say, been commended by many who ought to have known better; namely, the introducing a gum catheter into the bladder, and allowing it to remain there until the disorder shall choose to give way. The absurdity of expecting to cure stricture by this means must, I am

sure, be obvious to you. It is like attempting to catch birds by sprinkling salt on their tails! However, you may complete the cure of stricture by introducing into the bladder a catheter, mounted upon an iron stilette, and fitted with a handle. The gum catheter having been got into the bladder, you take out the stilette, using caution lest the former slip out, by attaching it to a suspensory bandage, or keeping it fastened by means of tape. The catheter is then to remain in its place for some time. In cases which have been maltreated, this practice will be attended with the best results. In the case of a false passage, you are aware that although you may succeed in introducing a bougie to-day, you may not be so fortunate to-morrow; and thus the cure is rendered extremely tedious. Now, this is obviated by retaining the instrument in the bladder; but you must bear in mind, that a dilatation being effected, sufficiently large to admit of a tolerably free passage of the urine, you have not necessarily accomplished the cure—your duty is not then entirely over. The operation must be performed again, and again, and again; the dilatation must always be kept up. Recollect what I endeavoured to impress upon you in my last lecture—that it is your bounden duty to advise the patient, after his urethra has been dilated, and he has, as he fancies, recovered, that he should, notwithstanding, continue at regular intervals to pass a bougie. This is a point of so much importance, that I must be pardoned for recurring to it here. If he should be fool enough not to heed your advice, be the consequences on his own head. Your conscience will at all events be clean. As to *fistula in perinæo* occurring after stricture. Many years ago I heard of a man, who had the misfortune to be troubled with several of these fistulas. He consulted more than two surgeons of reputation, who advised him to cut them open; forgetting that a *fistula in perinæo* cannot be opened, like a *fistula in ano*. However, he opened them; but with what success, or benefit? After the lapse of a few weeks they all reappeared in their original form!—Here is an illustration of the results of officious intermeddling. No, no, gentlemen, the only way to cure fistula in perinæo is, to let it run its course; the cure will be spontaneous.—Why does not the fistula heal while the stricture is present? Because the urine dribbles into it, and so retards the healing process. The contraction of the urethra is too great to allow of the urine being removed by the natural passage; such contraction, however, being destroyed,—in other words, a dilatation being effected, and the natural passage for the urine established,—the fistula, in its turn, begins to contract, and ultimately heals. This is the ordinary mode of treating fistula in perinæo, and there is none to equal it. Mr. Earle's operation, which has been termed a *taliocotian* operation, is not to be recommended. When there is a *large* opening, together with a loss of substance, you must not expect a fistula of the class in question to heal at once. A metallic sound must be passed into the bladder once a day, and you must exhort the person under your care to have *patience*. I can safely assert, that I do not recollect a case which I did not succeed in curing by the means I have here laid down. A metallic sound is preferable to a bougie, as the latter is sometimes apt to get into the fistula. The sound should be a full-sized one, and should be passed at least once a day. I was formerly much addicted to other modes of treatment. I used, for instance, to recommend the patient never to attempt to make water without previously passing the catheter; but I have since seen the fallacy of

this practice. It is exceedingly troublesome. How do you know but that the patient may *forget* how to make water—that is, may lose for ever all power of doing so, without the aid of the catheter? In the same manner hysterical women, after being habituated to the catheter, find themselves unable to make water, except by passing it. Another method I once thought highly of, is that of introducing a *gum catheter* into the urethra, and keeping it there. But this, equally with the former, produces harm, rather than good. It may be plausible in theory that the gum catheter should draw off the water, but you will not find it good in practice; nay, a catheter of this sort in the urethra acts precisely like a seton. It excites inflammation, and produces a copious discharge; and a discharge which is infinitely worse than the urine itself, and infinitely more unpleasant and annoying, inasmuch as it is incessantly flowing. If there happen to be a place where matter lodges, then assuredly open it, and let the matter out. As fast as it forms, so must it be drawn off. The same rule is applicable to abscess; for it is unnecessary to remind you of the dreadful consequences which arise from the matter of an abscess being suffered to collect in internal organs. If the outer orifice of the fistula be liable to close, it may be as well to apply the caustic potash. The most troublesome kinds of fistula are those which are accompanied by an opening from the urethra into the rectum. Nothing can be conceived more distressing, for the fæces, finding their way into the urethra, entirely clog it up. Fortunately, however, such cases are only very rarely met with; and in the majority of them, the communication between the bladder and the fundus, and between the bladder and the small intestines, has nothing to do with stricture—it exists independently of stricture; to keep the urethra open is all that is necessary here. I am not aware that there is any other means at once so simple and effective. In children who are cut for the stone, it is not uncommon to find a quantity of fæces along with the urine; and here, too, there is nothing you can do beyond keeping the urethra open. In persons who are disposed to shivering, the use of the bougie often produces severe attacks of rigor. These are followed by fever, continuing in some cases for a length of time, frequently a month; and sometimes rheumatism supervenes. I knew a patient who, having had a bougie introduced, suffered a most violent and protracted rheumatic affection.—These effects are clearly owing to idiosyncrasy—they are the result of a peculiarity of constitution, and the treatment will be proportionably difficult. Having passed the bougie, you will observe that the shivering does not come on until the patient attempts to make water. Here, then, the method of Dessault suggests itself to your mind: you keep the catheter in the urethra for some time, and having effected a dilatation according to its diameter, you remove it, and substitute in its place another of larger size. The urine is then drawn off, and, almost to a certainty, there will be no shivering. I have never found shivering to be induced when once you have got the catheter fairly in, and have drawn off the urine. A gentleman from Gibraltar once consulted me, saying that he had never passed a bougie but would be ill afterwards, with intense shivering, lasting often a month. I treated him with the gum catheter, and directed him to retain it in the urethra as long as he was able to bear it; and eventually he could pass the catheter himself, without fear of being troubled by shivering. In my next lecture, which will be the last for the present season, I shall conclude this subject.

TO CORRESPONDENTS.

Subscribers wishing to complete their sets of the *Medical Times*, will do well to give their orders as soon as convenient, as several of the numbers are getting scarce.

S. R. has our thanks, and his proposition shall receive due consideration; it is a step which may not be taken hastily.

A. B., under consideration.

W. B. F. will much oblige by an occasional contribution: medical news is always acceptable, and he will perceive that we have availed ourselves of that contained in his last letter. We will send down what he requests, if he will oblige us by distributing them.

NAVIS.—By a recent regulation, Assistant-Surgeons in the Navy have to pass the first year as probational, and at the end of that time, whether they be appointed to a ship or hospital the Surgeon of the same has to certify as to the Assistant-Surgeon's fitness. If not "found wanting" in professional skill or moral conduct, he receives his appointment.

H., OF PARIS.—We await his communications.

Z.'s letter is full of cleverness, but so inapplicable that we hardly know how to use it. Why not sketch a Portrait? Z. has all the talent, and if he would adapt his contributions to the spirit of the *Medical Times*, they would be regularly inserted.

PORTRAIT OF MR. PETTIGREW.—A gentleman signing himself C. H. Rawlins, has taken up the cudgels for Mr. Pettigrew. We have at present only space for the second paragraph. Mr. Rawlins loquitor, "you commence by stating that he (Mr. P.) has placed his name among those of the most eminent of the profession—this I (Mr. R.) beg to deny." After this, well may Pettigrew exclaim "save me from my friends!" We will endeavour to find room for the letter, verbatim et literatim, in our next.

INSTITUTION FOR CURING DISEASES OF THE EAR.—We have seen the puff-report of the meeting, which has been smuggled into the newspapers, with a number of high-sounding names as having been present. We have no doubt that the Institution is capable of rendering, and does at times render, good service to those who need it; but such service is counter-balanced, if not entirely obscured, by the excessive quackery with which the whole thing is enveloped. We are heartily sorry to find that Dr. Sigmond has allowed his kindness to be so much imposed upon, as to allow his name to be mentioned at all in conjunction with such an—"institution!!!" The public are perhaps not aware, that a short time ago, these ear-doctors gave the Coroner several opportunities of pocketing the usual fees!! It is, however, but one of the schemes adopted of late by needy adventurers, of pushing themselves into unmerited notoriety.

I. J.—Yes, we admire the consistency of the editor Coroner; his opinions before and after election are well worthy of remembrance. During the time of election he was all liberality—all promise—nothing but a medical Coroner ought to hold the office; after his election, he closes the court—becomes anything but liberal—and to crown the climax, makes his poor clerk, neither lawyer nor doctor, hold inquests for him; and when spoken to by the magistrates about it, and asked how he reconciled his opinions with his practices—he declined answering the question!!!

Poor little Clark, the *Lancet* penny-a-liner, has, ever since our exposé of his conduct had such a fit of nervous excitement, that he now dances about not unlike a monkey on a hot plate.

W. T., BRISTOL.—A Post-office order is perhaps the most convenient mode of sending. The cost of it is sixpence, which may be deducted from the quarter's subscription.

STUDENT.—These are plate-giving times. Mr. Dermott's pupils are busy getting up a subscription, of which we expect to hear more anon.

T. P. will find the article inserted. We shall always be glad to hear from him.

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OF THE

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THE MEDICAL TIMES.

THE ANATOMY ACT.

THE immense importance of a clear and comprehensive knowledge of the minute structure of the human frame, as a preparatory step in the study of diseases which are incidental to humanity, as guiding diagnosis of their character, and directing their judicious treatment, has rendered the working of the law by which opportunities are given for the study of Anatomy, a matter of interest to ourselves, and of vital import to the public. As the practitioner is skilful, so is the public health secure—in proportion to his knowledge will be his success in the treatment of disease. As the basis of this knowledge is to be obtained, and obtained alone, in the dissecting-room, it becomes, as we said, not a professional, but a public question—not a matter of private aggrandizement, but a source of national weal or woe—whether or not fitting opportunities are afforded for the complete inculcation of that knowledge, without which medicine would be but vague theory, or, still worse, but rampant empiricism. Impressed with this conviction, we have before directed attention to the existing law upon this important point, and in dilating upon the vices of the Anatomy Act, endeavoured to force conviction of its imperfections upon the minds of those who, from cupidity or ignorance, were unwilling to give a thought to its amelioration. But although much had to be overcome, yet the weight of the evils, and their steady and repeated avowal, had the effect of forcing an inquiry into the imperfect law, and, as we announced in our last, a Committee was appointed to take into consideration the working of the Anatomy Act. We gave, upon private information, the names of those who formed this conclave, and having had given us the names of Messrs. Byng and Gore, we were led to believe that the Members of the Committee of Inquiry were members of the legislature. This we find to be incorrect—the individuals were the Hon. Charles Gore, who is connected with the Woods and Forests, and

the Hon. George Byng, Comptroller of the Household; Mr. Hawes, the Whig member for Lambeth, and Mr. Warburton, *the father of the Bill*, as Chairman. This is keeping the word of promise to the ear, and breaking it to the hope; it is a seeming compliance with the demand for reformation, but a real denial of justice. If the Act required revision, a committee should have been appointed who were unbiassed, and unprejudiced—a committee who, from their knowledge of the subject they were to inquire into, could give that weight to the evidence which it properly deserved. Messrs. Byng and Gore may be, and we have no doubt are, very respectable persons in their way, but what do they know of Anatomy, or the best modes of advancing its study? Mr. Hawes is certainly a Member of the House of Commons, but others might have been selected who knew more of the matter. As to Mr. Warburton, but little can be said. For a man to sit as judge upon his own follies and mistakes truly out Herod's Herod, and is a striking instance of the coolness for which Mr. Warburton has been so often celebrated. It may be "*philosophic*," but it certainly is consonant neither with justice or decency. The number of witnesses was limited, and Dr. Somerville, *whose deeds were the subject of remark, was present at the inquiry*. Altogether it has been a *packed* affair, and as the Committee have finished their labours, we may hope soon to know the result of their sapient deliberations. Rumour, with its hundred tongues, has been, as usual, busy; and it has been hinted that Dr. Somerville will be referred to in the Report in a most marked manner. What the general tenor of that report will be, we may sadly anticipate, when we recollect the parties who conducted the examination, and the chairman who presided, he himself being the parent of the Anatomy Act, and a large shareholder in the Joint Stock Gower-street College. But we will not meet evils halfway, unless it be to avoid them, and may, therefore, postpone further remark until the publication of the embryo Report.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 14th March, 1840:—

Epidemic, endemic, and contagious diseases	120
Diseases of the brain, nerves, and senses	170
Diseases of the lungs, and other organs of respiration	308
Diseases of the heart and blood-vessels	21
Diseases of the stomach, liver, and other organs of digestion	55
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c. .	9
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	115
Old age, or natural decay	75
Violent deaths	25
Causes not specified	2

Deaths from all causes

908

CONFESSIONS OF JASPER BUDDLE, DIS- SECTING-ROOM PORTER.

HOW MR. OKES ATTENDED HIS FIRST MID-
WIFERY CASE.

(Continued from p. 266, Vol. I.)

BETWEEN St. Giles's Church and Long Acre there is a labyrinth of streets, which a man may spend his whole existence in running about before he can determine whither they lead, how they are bounded, or in what aspect their thoroughfare runs. A confused mass of second-hand sale-cellars, breweries, gin-shops, old iron stores, potatoe-sheds, and dirty eating-houses, form its chief characteristics, and its inhabitants are equally squalid, smoke-dried, and poverty-stricken as its edifices. A dense, polluted, and steaming atmosphere hangs over these regions by day and by night; they are illumined by flaring jets of gas from the different sheds, casting their fitful gleam over the cold fried fish, large lumps of coal, and small round bundles of chips there exposed for sale. Women, in their worst and most degraded sense, are collected beneath the windows of the gaudy gin-shops, huddling together in little knots of two and three, all vociferously declaiming in the hoarse thickened accents of disease and intoxication, without cap or bonnet, and a rough dirty shawl closely drawn over their shoulder; and men of sinister aspect are loitering about the corner of every court, leaning against the posts, or quarrelling in a harsh and unintelligible language. Wretched children swarm in every direction, but they are not like children. Their looks betoken low and precocious cunning, and they creep along under the shade of the walls and buildings, with the habitual fear of light and publicity that early crime has rendered necessary.

It was through this maze of dirt and depravity that Mr. Okes followed his guide, and after traversing several streets, she at length stopped before a cellar, whose outlet was garnished with divers theatrical properties in the shape of tin chains for captives, combat swords with basket handles, mended russett boots, and scraps of tarnished gold and silver lace, all intended to captivate the eye and ease the pocket of some aspirant for histrionic fame at a private theatre.

"Take care of your head, sir," said the woman, as they descended—a caution which was certainly very necessary; "I think you'd better turn your face towards the steps, for they are very steep."

Acting on her suggestion, Mr. Okes turned round, and carefully watching each of his feet as he placed it on the ricketty stair, lowered himself through the smoke that poured up in dense volumes through the outlet, and found himself, for the first time, in a St. Giles' cellar.

Description would fail in giving a proper idea of the miserable den into which he descended, —the pen of Boz alone could do justice to the *tableau* that met his view. The room was about twelve feet square, and not much above seven from the ground to the ceiling, but there were two doors that penetrated into recesses still more limited, noisome, and filthy, in which he could discern, through the smoke that filled them, figures moving about in every direction; walls, floor, ceiling, and fixtures were all of one uniform cloudy black, and their inmates partook of the same hue. The occupier of the front cellar was plying his trade of a cobbler immediately at the bottom of the steps, for the sake of the light, and various new-footed shoes and boots, at prices scarcely more than the worth of the leather, were ranged in such pairs as could be selected from them, on a ledge of rough board, amongst the theatrical properties before spoken of. On a miserable bed in the corner of the room lay the

woman who needed Mr. Okes' assistance. The furniture was merely a few old sacks sewn together, and the bedstead was a dilapidated frame of sacking placed upon four oyster tubs, not barrells, but the kits in which the large cheese-plate-sized oysters are kept that are sold for three a penny in the New Cut, Tottenham-court Road, and other similar localities. The walls were covered with what had apparently been cheap caricatures and execution bills, but they were illegible and almost invisible with dirt. A wretched featherless bird hopped from one perch to another in a patched-up cage that depended from the ceiling, and several helpless children were crying on the floor, or crawling through the doorways from one cellar to the other. What the floor was it was impossible to distinguish, but from its irregularities it appeared paved, and in one part where the drip of a cistern-pipe kept it constantly moist, three or four small seeds had taken root, and were pushing their two small dusky leaves into existence. In the other rooms were some individuals, whether men or women it was difficult at first to determine, making shell-pincushions, halfpenny dancing figures, and other articles that you daily see selling at a small price in the streets; and throughout the whole *snite* arose a stench of frying, smoking, and the fumes of gin, that was quite intolerable on first entering.

ROCKET.

THE RESURRECTION MAN.

A LEGEND OF BY-GONE DAYS.

'Tis very hard, when men forsake
This melancholy world, and make
A bed of turf, they cannot take
A quiet doze;
But certain rogues will come and brake
Their "bone repose!"

'Tis hard we can't give up our breath,
And to the earth our earth bequeath,
Without death-fetches after death,
Who thus exhume us,
And snatch us from our homes beneath,
And hearths posthumous.

The tender lover comes to rear
The mournful urn, and shed his tear,
"Her glorious dust," he cries, "is here,
Alack! alack!"
The while his Sacharissa dear
Is in a sack!

'Tis hard we cannot lie amid
The mould, beneath a coffin-lid,
But thus the Faculty will bid
Their rogues break through it;
If they don't want us there, why did
They send us to it?

One of these sacrilegious knaves,
Who craves as hungry vultures craves,
Behaving as the Goul behaves,
'Neath church-yard wall,
Mayhap because he fed on graves,
Was named Jack Hall.

By day it was his trade to go,
Sending the black coach too and fro,
And sometimes at the door of woe
With emblems suitable;
He stood with brother mute to show
That life is mutable.

But long before they passed the ferry,
The dead that he had help'd to bury,
He sack'd.—(He had a sack to carry
The bodies off in;
In fact, he let them have a very
Short fit of coffin.)

Night after night, with crow and spade,
He drove this dead, but thriving trade;
Meanwhile his conscience never weighed
A single horse-hair;
On corse of all kinds he preyed,
A perfect corsair!

At last, it may be, death took spite,
Or jesting, only meant to fright,
He sought for sack night after night
The churchyards round,
And soon they met, the man and sprite,
In Pancras ground.

H. P.

Windsor, March 21st, 1840.

APOTHECARIES' HALL.—The following gentlemen passed the examination, and received certificates of qualification on Thursday, March 19th:—Forster Stedman, Packenham, Suffolk; Joseph Hopgood.

In the HOUSE OF LORDS, on Monday last, several petitions were presented by the MARQUIS of LANSDOWNE in favour of the Vaccination Extension Bill, particularly one from the Medical Practitioners of Galway, in which the fact was stated, that in that county persons of notoriously bad character had been going about bribing the inhabitants of the smaller villages to allow themselves to be inoculated with the small-pox, and then bruiting it abroad that the small-pox was in the neighbourhood, and obtaining money for vaccinating the people as a preventive. It was agreed that the Bill should extend to Ireland, as well as England; but whether it will include Scotland too, is, it appears, a question which will materially depend on the Kirk Session.—On the motion of LORD ELLENBOROUGH, the Bill was then read a third time, and *passed*.—In the course of the evening, the MARQUIS of NORMANBY presented a petition from the Medical Students of Edinburgh, praying for Medical Reform.

CAUTION TO MEDICAL MEN.—A piece of villany, not very uncommon, has just been practised with success on a medical gentleman in the eastern part of London. A person much muffled up, as if in pain about the face—with a fine head of well-curled black hair—called at his house about half-past eleven on Sunday morning, the 1st inst., and inquired if Mr. — were at home. He learnt that he had gone to a place of worship, and begged he might be sent for. In the absence of the man-servant he evaded the cook, ascended to the second floor, and broke open a box containing money, and other property of value, but only abstracted the former. He was seen leaving the house, not now as a gentleman, but as a servant, carrying his thick coat on his arm, and wearing a fustian jacket, no doubt having also taken off his black wig. This trick is an old one, and the vigilance of servants should be directed to it. But another theft having just occurred in the house of the same gentleman, by a woman more easy of detection, he is anxious to direct attention to the case:—A stout, and tolerably good-looking woman, about 40, came to ask a little advice on account of her knee. It had been deeply cut, and was not quite healed.—She reported that she had been confined in a hospital in the country, under a Mr. Luke, but found that it became worse on walking about. The assistant applied dressing, and treated her with his wonted civility as an object of compassion. She was scarcely out of sight for a minute, and yet she contrived to transfer into her basket the only thing accessible to her—a copy of the 'Dublin Dissector,' belonging to her benefactor.—*Med. Gaz.*

ON THE ANATOMY OF THE BREAST, BY SIR ASTLEY P. COOPER, BART.

[We give the following further extracts from Sir Astley's new volume.]

THE FASCIA of the breast is divided into two layers. "The anterior or superficial layer passes upon the anterior or cutaneous surface of the breast: here it forms a fibrous covering, but not a true capsule, spread upon the surface of the gland, and passing between the gland and the skin; but it also enters the interior of the secretory structure. Here it sends out two sets of processes of a fibrous nature from its own surfaces. Anteriorly, large, strong, and numerous fibrous or fascial processes, to the posterior surface of the skin which covers the breast, into the substance of which it is received, and with which it is incorporated. It is by these processes that the breast is suspended in its situation, and I shall therefore call them the *ligamenta suspensoria*. By these processes, the breast is slung upon the fore-part of the chest, for they form a moveable but very firm connexion with the skin, so that the breast has sufficient motion to elude violence; yet by this fibrous tissue it is, excepting under age, lactation, or relaxation, prevented from much change of place. The ends of these ligaments are spread out and incorporated with the posterior surface of the skin, and give it its whiteness and firmness. When raised and dried, the preparations of these ligamentous processes form a curious, irregular surface of folds, between the skin and the mammary gland. They are seen in a section of the breast, spread out and lost upon the inner surface of the skin at their anterior extremities. When the breast is placed in its natural position, the posterior extremities of the *ligamenta suspensoria* are spread over the fore-part of the gland, support numerous folds of the glandular structure, penetrate the substance of the organ, and everywhere connect the portions of glands to each other. A process of this fascia proceeds to the nipple, surrounding the ducts which are contained within it, and it becomes the principal and very powerful connecting medium between the gland and the nipple, so as to prevent this latter important part from being separated from the breast by violence. Between the *ligamenta suspensoria*, the lobes of fat are placed, which serve to defend this organ from injury. The uses of the *ligamenta suspensoria* are to connect the nipple to the breast, the breast to the skin, and to fold up the gland to increase the secretory organ, without spreading it more widely over the surface of the chest. They also enclose the adipose matter of the breast. Whilst the anterior or superficial layer of fascia is thus spread over the anterior surface of the breast, the posterior or deeper-seated layer, when it has reached the margin of the gland, passes behind it, and sends forth two layers of fibres. The anterior of these fibres pass on the back of the gland, sending processes of fascia into the organ to unite its parts, and other fibres which pass from one ridge of the gland to the other posteriorly, giving it a smoother surface than that of the anterior part of the breast, as it is not folded in the same manner.

The other fibres of this deeper-seated fascia pass backwards, and are united to the aponeurosis of the pectoralis major. Thus, then, the breast is supported by the two portions of fascia; the superficial layer connecting it to the skin anteriorly, and forming the *ligamenta suspensoria*, and the posterior layer of fascia joining it to the pectoral muscle, by its aponeurosis; and between these two processes it swings, and yields to pressure and to violence. Whilst the fascia thus affords support, it also firmly unites the different portions of the gland to each other, throughout the whole of the sub-

stance of the organ, by entering into its interior composition."

THE SECRETORY STRUCTURE OF THE BREAST— THE STRAIGHT OR MAMILLARY TUBES.

"When the nipple is examined with attention, in a woman whose breast is not in a state of lactation, the papillæ which cover its sides to its apex form petals, like those of flowers, which reach to, and overlap, a part of the apex; and between them, on the apex or point of the nipple, may be observed a cleft, in which the orifices of the lactiferous tubes are closely huddled together. But during lactation, when the cone is reversed, and the papillæ are everted, the orifices of the lactiferous tubes are placed upon the truncated surface of the apex of the nipple. The greatest number of lactiferous tubes I have been able to inject has been twelve, and more frequently from seven to ten. But the greatest number of orifices I have been able to reckon has been twenty-two; however, some of those might have been follicles only, and not open ducts. I have had delineated two preparations of straight tubes, in one of which I found thirteen, and in the other twenty-two. Their size also varies; for some of the orifices and straight tubes are much smaller than others, some only admitting a bristle, whilst others are as large as a common pin. They commence in a cribriform surface formed by the skin, with some mixture of fibrous tissue; so that these orifices do not increase much, or yield to the pressure of the milk. A probe of large size will pass to their orifices, if introduced from the gland, but it cannot be made to escape through the orifice of the duct, without employing great force to overcome the resistance, and even to lacerate the orifice; in that respect resembling the urethra in the female, which will admit the little finger from the bladder, but only a probe at its orifice."

The *areolar* portions of the tubes, or *reservoirs*, are next described as follows:—"They begin at the basis of the nipple, extend under the areola, and to some distance into the gland, when the breast is in a state of lactation.—Their greater size than that of the mamillary tubes is in part owing to the loss of the pressure of the nipple, but principally to the number of branches of milk tubes which enter from the breast; five or six branches are combined in a reservoir. These receptacles are of a conical form, like the mamillary tubes; and they begin from the extremities of the larger branches of the milk tubes, and terminate in the straight ducts of the nipple. The appellation of reservoir is less applicable to this portion of the ducts in the human subject than in other animals, as they retain less milk; but even in the human female, these large and numerous cavities will in their assemblage contain a large quantity of milk. In the cow, the mare, the goat, the ewe, the deer, and the rabbit, the reservoirs are very large, and in the cow particularly they are of enormous size, so as to be able to retain at least a quart of milk, or more, depending upon the size of the udder. In the human subject they generally radiate from the nipple, although some of them pass directly backwards to the posterior or pectoral surface of the gland. Their calibre is out of all proportion larger than that of the straight or mamillary tubes, and much larger than that of the milk tubes which form their continuations. When cut open, the reservoirs are found to be lined with a very vascular mucous membrane, like the mamillary or straight ducts, but they have a fibrous coat upon the outer side of this, which preserves their form, and which gives them their power of resistance to the great dilatation which the milk would otherwise produce.

The blood vessels, which supply them with vascularity, are derived from the retrograde branches of the arteries of the nipple, and from the deep-seated arteries of the breast, which rise to meet them. The use of these reservoirs is to supply the immediate wants of the child when it is first applied to the breasts, so that it shall not be disappointed, but be induced to proceed with sucking until the *draught* be produced, when it receives a stream of milk from the lactiferous or milk tubes by a vis a tergo."

THE MAMMARY, LACTIFEROUS, OR MILK TUBES.

"They divide into branches, which increase in number as they proceed from the centre to the circumference; and their general appearance, when injected, resembles that of the root of a tree. The radiations of one of the mammary tubes sometimes occupy from one-sixth to one-fifth of the circumference of the breast. On the sternal and clavicular aspect of the breast, a single duct radiates to the margin; but upon the axillary and abdominal aspects, two or three ducts ramify to the circumference of the gland, so that two or three ducts are placed upon each other. From this cause arises the greater thickness of the lower and outer parts of the breast, which enables it to form the cushion upon which the cheek of the child reposes. To this circumstance I have before alluded, and it shows by what simple means nature effects the most important purposes. The branches of the ducts do not radiate equally to the circumference, for some are much longer than others, and are lost on the fascia which encircles the breast, rendering its margins unequal. In other parts the ducts at the margin of the gland are turned upon the gland, so as to form a kind of hem at its circumference, and to produce also a thickening of the substance of the breast from this cause. Many of the mammary tubes upon the anterior surface of the breast are turned forwards to the skin, and connected to it by the *ligamenta suspensoria*; so that in removing the skin from the fore part of the breast, many of them are necessarily divided. The breast is not formed into regular lobes by the ramifications of the ducts, because they ramify between, and intermix with each other, so as to destroy the simplicity and uniformity of their divisions. The most simple idea which can be formed of the mammary ducts, especially at the lower and outer part of the breast, is, that supposing them to resemble the roots of trees, as they do, that one root is growing between others, destroying regularity and distinctness of their growth. Or suppose one hand applied upon the back of another, and the fingers introduced between each other, and then the fingers of one hand inclined to the right, and those of the other to the left, it conveys the idea of the above-mentioned intermixture. On the posterior surface of the gland, the ducts ramify more smoothly and equally, and pass in more regular ramifications to the gland, which is here much smoother than it is anteriorly. The mammary ducts do not communicate with each other, as is easily shown by throwing injections of different colours into the ducts, or by injecting one duct only. If various colours are thrown into each duct, they proceed to the gland without any admixture of colour. If one duct be most minutely injected with quicksilver, it does not escape into any other. And this remark is also applicable to the mammary glands of other animals, where there are many, as in the hare, the bitch, and the pig; the ducts are separate and distinct from those of the other gland."

"Of the Gland.—The mammary ducts begin directly from the glandular structure, in very fine and minutely divided radiated branches, and after becoming larger and larger as they

approach the areola, they terminate in the reservoirs. The gland is constituted by the union of a number of glandules, which are connected by means of the fibrous or fascial tissue of the gland. When injected and unravelled they appear of considerable size; but when further examined, these larger bodies are divided into small glandules. Between these glandules, the mammary tubes may be observed to ramify, and from these bodies their branches directly spring. When these glandules are filled with injection, and for a long time macerated in water, and unravelled, they are found to be disposed in lobuli; and when a branch of a mammary tube is separated, with the glandules attached, the part appears like a bunch of fruit hanging by its stalk. The body of the gland is formed by the union of these little glands, everywhere interspersed through it, and united by fibrous tissue. Their size depends upon the state of the breast; after puberty they exist, but are not easily separated or unravelled. In lactation they are large, may be minutely injected, and distinctly developed. In age they diminish gradually, and after a time disappear, leaving the ducts still distinctly ramifying, but without the true glandular structure. On the anterior surface of the breast, the glandules are drawn towards the skin by means of the ligamenta suspensoria, and form folds or loops which resemble the petals of flowers, as, for example, the rose, when unfolded. Upon these folds of the ligamenta suspensoria, the glandules are seen injected. By this disposition of the glandules, the surface for secretion is greatly increased, whilst the space which the breast occupies remains the same in regard to its circumference. This formation of the gland also renders it more prominent, and the nipple, consequently, of easier access to the lips of the infant. The margin of the gland is extremely irregular; or it forms numerous processes, which proceed into the surrounding fibrous and cellular tissue. The lower and outer part of the gland, viz., the axillary and abdominal aspects, are some of them folded upon the anterior, and some upon the posterior surface of the gland at its edge, giving it there additional thickness, and assisting in forming the cushion already mentioned. Also at the lower and outer part of the gland, the number of ducts and glandules is greater than elsewhere, and they are placed one before the other, so as to give the gland great additional density. The posterior surface of the breast is not folded and looped up like the anterior; but the ducts and glandules are, in the larger part of the surface, disposed in ridges connected by a fibrous membrane, which mats them together, and enters between the ridges into the interior of the gland. The breast then is made up of an assemblage of glandules united by a fibrous tissue, and is therefore called conglomerate, because it is constituted of a number of glandules conglomerated together. When put into boiling water, the best idea of its form is obtained, as, like other albuminous structures, it becomes hardened, so as to be easily preserved; the nipple will then be seen to be not exactly in the centre of the gland. From the nipple the gland begins to form little petals, like those of a blooming rose, and they are turned forwards to the skin, to which they are connected by the ligamenta suspensoria; and in the depressions between them, the fat is lodged. On the clavicular and sternal edge, the disk of the gland is very irregular in the length of its radii from the nipple, some parts projecting much further than others; but on the axillary and abdominal margin, the gland is turned upon itself at its edge, and forms a kind of hem. The posterior surface of the gland is smoother than the anterior, and forms a num-

ber of rows, and the depressions between them being less, there is not so much fat deposited as on the anterior surface of the gland. The glandules vary in their size, from that of the head of a pin to the bulk of a small tare, when the breast is in a state of lactation."

"*Of the Milk Cells.*—When the lactiferous tubes are minutely injected, they are found to proceed from each glandule, and when an injection is made of the glandules with quicksilver, sise, or wax, they will be seen to be composed, in their interior, of numerous cellules, which are the milk cells. Their number is very great; it varies much, and it would, therefore, be an act of folly and inutility to endeavour to reckon them. The glandules themselves differ in their size, and therefore the number of the cells will be proportioned to the magnitude of each glandule. Their size in full lactation is that of a hole pricked in paper by the point of a very fine pin; so that the cellules are, when distended with quicksilver or milk, just visible to the naked eye. They are rather oval than round, being slightly elongated where the branch of the lactiferous tube springs from them; but they appear more rounded to quicksilver, and when distended with milk, than when filled with wax. When well injected and dried, the glandules form a kind of foliage in the breast, and each leaf is filled with these cellules. In the fulness of lactation, these leaves are full of cells, which can be readily injected and demonstrated; but at other periods they do not admit of being filled, and a most minute injection may then be made of the lactiferous tubes, yet no cells appear. In one of the plates these cells will be seen injected with quicksilver, and magnified four times; but in the same plate they are seen injected with yellow wax, and magnified six times, to render them easily demonstrable. The lactiferous tubes I have seen become cellular as they spring from the milk cells, but only just at their commencement, and under minute injections. The cells are lined with a continuation of the same mucous membrane as that which lines the inner surface of the lactiferous tubes. Of this I judge by minute injections of the arteries, where the inner membrane is seen to possess the high vascularity of a mucous membrane, rather than the minor arterial supply of a serous surface. Also in the larger animals, as in the cow and the rhinoceros, the mucous membrane, lining the ducts, has no break in it, but may be seen continued so far as the parts can be traced by the eye, and by magnifying powers. The milk cells possess a considerable degree of elasticity, but in the human subject less than in other animals."

MEDICAL RELIEF IN UNIONS.—An important correspondence, relative to this subject, has taken place between Dr. Webster (President of the Association,) and the Poor Law Commissioners. The following is the material part of the reply of the Commissioners:—"The commissioners desire to inform you, in reply, that they have recently reported very fully to the Marquis of Normanby, the Principal Secretary of State for the Home Department, on the subject alluded to, and that their report will shortly be laid before parliament, and made public. The Commissioners have abstained from issuing any general regulations on the subject of medical relief, until their report shall have been presented to parliament. They will be glad, when the Council of the British Medical Association have had the opportunity of perusing their report, to be favoured by any observations or suggestions upon which the Council may think it desirable to communicate to them."

REVIEWS.

On Diseases of the Bladder and Prostate Gland: with Plates. By WILLIAM COULSON. Second Edition, greatly enlarged. 8vo. pp. 258. Longman.

MR. COULSON is already too well known, both to the profession and to the public, to render it requisite to dilate upon his claims to attention. His works on the Hip-joint, and on Deformities of the Chest, as well as his edition of Blumenbach's Physiology, have already obtained for him a place in the medical literature of our country. This volume is the second edition of a work for some time regarded as the best monograph on the important subject to which it refers; and it is only requisite to state, that the present impression contains many additions, including three chapters on diseases of the prostate gland. We extract some valuable remarks

ON URINE.

The uncertainty attendant on the signs deducible from the examination of the urine, depends much on the manner in which they have been observed; and our knowledge of this animal excretion is most imperfect, if it extend no farther than an acquaintance with its condition in a morbid state: it is not less necessary to know its characters in a state of health, in order to form a just idea of the alterations going on in the animal functions, to which the urinary organs may be acting as the principal emunctory. Hallé was the first to commence a work expressly on this subject: he was persuaded that the urine of persons in perfect health underwent a multitude of changes, according to the continually varying circumstances in which they were, from time to time, placed. Nevertheless, there are phenomena common and constant under all circumstances. He further averred, that there existed in the urine of a person in health, relations with the matters of transpiration and of nutrition of the most intimate nature, the attentive study of which was capable of throwing great light on the nature and formation of each reciprocally. Gairtner, of Tubingen, took up this important subject after Hallé. Gairtner observes, that the recent urine of a healthy man, is a transparent, straw-coloured fluid, which, as long as it is warm, exales the animal odour common to all the humours newly separated from the body—an odour that shortly dissipates, and is immediately replaced by the urinous odour, properly so called. After exposure to the air for a few days, urine acquires an ammoniacal odour, and an alkaline reaction, and a white slimy pellicle forms on the surface, in which, as well as on the inner surface of the vessel, small white crystals of the phosphate of ammonia and magnesia show themselves.—The specific gravity of human urine varies between 1.005 and 1.030; in some diseases, particularly in diabetes, it is sometimes as high as 1.050. We may now notice the characters of the urine deducible from its colour. The colour of the urine of the blood in health varies in different individuals, from the pale straw colour to the orange, approaching the red. As a general fact, it is to be remarked, that the colour is so much the deeper, inasmuch as the constitution of the individual is more robust, the circulation more active, and the food more of an animal nature.—The urine of persons in health is usually of a pale amber colour, becoming slightly turbid towards the centre seven or eight hours after having been passed, and shortly depositing a sediment, that rises up in the form of a cone from the centre of the fluid. This deposition, which at first is in small quantity, increases until putrefaction renders the whole of the urine turbid. It is essential to distinguish whether the colour be owing to the food that may have been taken, or to any medicine that has been administered. Urine, for example, becomes limpid if much drink has been swallowed; red after much exercise, or a paroxysm of passion, long watching, heating diet, long fasting, the use of water-cresses, beet, sorrel, and madder: it is tinged blackish by chalybeates; yellow, by saffron, turmeric, and rhubarb; in short, no

secretion is more variable in its physical attributes than urine.

The state of the body greatly modifies the quality of the urine. We know, for instance, how limpid, colourless, and watery it becomes after any spasmodic paroxysm, and in the cold stage of agues; turbid, yellowish, and mucous, at the termination of pituitous or catarrhal affections; golden-yellow and turbid in jaundice; turbid, accompanied with deposition of mucus, in catarrhal affections of the bladder. Pale, limpid urine, in a state of health, is regarded as the consequence of indigestion, and hence we find it a very usual symptom of dyspeptic headache; or it may proceed from constipation, or suppressed perspiration. This limpidness of the urine is a dangerous sign in continued and intermittent fevers, and especially in affections of the brain. In old people the urine is usually pale, and dull and cloudy. Colourless, limpid urine, which is like spring water, as well as inodorous and insipid, is called nervous urine. The urine is clear, transparent, and insipid, in spasmodic affections, in hysteria, hypochondriasis, and epilepsy. It is equally transparent and clear, but usually very abundant, in diabetes.

The following are some of the opinions to be found in the ancient writers respecting the morbid indications taken from the colour of the urine, very many of which have been confirmed by the experience of more modern observers:—

Deep red urine, in fever, with clammy mouth, and total loss of relish, indicates derangement of the alimentary canal; but if the tongue be dry and hot, with a feeling of burning in the bowels, it announces inflammation.

The urine is the colour of brick-dust, and turbid in almost all intermittent fevers, in certain dropsies, in rheumatism, gouty affections, scurvy, atrophy, and some kinds of stone. The urine is of an orange yellow colour, or saffron yellow, in bilious diseases; but the yellowness is of a much deeper hue in symptomatic jaundice, than in critical febrile, or simple critical jaundice.

Deep yellow urine, approaching black, denotes a diseased state of the liver. Black urine, which deposits a sediment of the same colour, is a fatal symptom in acute diseases.

Many substances, when taken internally, possess the property of colouring the urine of a particular hue. A red colour is imparted to it, for example, by madder, logwood, raspberries, mulberries, &c.; it is dyed blue by indigo; rhubarb and angustura bark tinge it yellow; and the astringent principle of galls, and other substances containing tannin, is evident in the urine, by its becoming of a bluish or greenish tint, or any of the salts of iron being added to it. The odour of urine is likewise often a valuable indication of the morbid condition and nature, both of the particular organs concerned in its secretion and evacuation, and of the general health.

The odour of healthy urine is somewhat aromatic, without acidity, ammoniacal smell, or fetid taint; and resembles, in a great degree, the odour of the perspiration of a healthy man.

The urine of persons affected with stone in the bladder, often acquires a highly offensive odour. The urine of diabetic patients has usually a sweet, wheyey smell; indeed, their whole persons exhale a similar odour.—Certain substances, when eaten, or even when respired, it has been long noticed, impart a peculiar odour to the urine. Hippocrates, for instance, mentions that garlic and other strong smelling substances impart their particular odour to the urine. Oil of turpentine enters the circulation by respiration, and is conveyed to the kidneys in the same way; the odorous principles of asparagus, cauliflowers, fennel, juniper-berries, valerian, castor, balsam of Peru, copaiba, cubebs, and many other substances, likewise pass through the blood into the urine.—In persons of delicate constitution, and those of a weak digestion, we can often recognise, by the odour of their urine, the nature and character of the food they have eaten. The celebrated French chemist, Fourcroy, observes, that the urine of hysterical females, and of hypochondriacal men, passed immediately after a meal, has smelled of bread, bouillon, and other articles of food—circumstances attributable to the odorous molecules which had entered the blood, being afterwards excreted by the kidneys.

MEDICAL OBITUARY.

On the 6th inst., at South Molton, Devon, C. GORING, Esq., M.D. This gentleman was particularly distinguished in the walk of science which he chose, above all others, to follow with the greatest amount of application, namely, microscopic observations. His works on the microscope have long been before the public, and received their due meed of praise. Dr. Wollaston first gave us the idea of what may be attained in amplification, by a happy combination of lenses; and it is to Dr. Goring's ingenuity, in following up this principle, that we are principally indebted for the expansive field of view which is now given to optical instruments, and their fine penetration and definition. He had, we believe, some years previously retired from practice, and died in his 49th year.—In Castlereagh, on Tuesday evening last, of fever, in the prime of life, Benjamin Corbett, Esq., M.D.—At Paris, on the 3rd inst., M. Hippolyte Cloquet.—M. Bielt, physician to the hospital, St. Louis.—On the 14th, at Salisbury, W. H. Markham, late surgeon to the 96th and 56th Regiments of Infantry.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

VACANCY.—The post of House Apothecary to the Dover Public Dispensary.

NAVY.—Assistant-Surgeons R. Paris and John Tait, to the Thunderer.

NAVY SURGEONS.—There is now, and has been sitting in London for these two years, a Naval and Military Commission, which is shortly expected to give out its report. It is said they have advised that the Assistant-Surgeons in the Navy should dine in the Ward-room, and have £30 per annum in addition to present pay.

The result of the concours for the chair of Internal Pathology at the Faculty of Medicine of Paris, has been declared. The candidates were MM. Gendrin, Piorry, Dalmas, C. Broussais, Dubois, d'Amiens, Gibert, Requin, Caze-nave, Guillot, Legroux, Hourmann, and Combette. The jury consisted of MM. Trousseau, Dumeril, Bailly, Fouquier, Rayer, Andral, Roche, Gerdy, Cruveilhier, Chomel, Honoré, and P. Dubois—M. Dumeril was president. On the first ballot, M. C. Broussais had 5 votes, M. Piorry, 3 ditto, M. Dubois (d'Amiens), 3 ditto, M. Gibert, 1 ditto. Second ballot, M. Piorry, 5 votes, M. Dubois (d'Amiens), 5 ditto, M. C. Broussais, 2 ditto. Third ballot, M. Piorry, 6 votes, M. Dubois (d'Amiens), 6 ditto. The president gave his casting vote to M. Piorry, who was consequently elected. Though no one seems to dispute M. Piorry's eminent fitness for the position he has attained, several circumstances connected with this concours appear to have given very general dissatisfaction.

MEETINGS OF SOCIETIES.

INJURIES OF THE HEAD.

MARCH 7, 1840.—Mr. STREETER in the chair.—Mr. G. A. Walker was unanimously elected a member, and Mr. RUTHERFORD ALCOCK read a paper "on some of the more remarkable effects and diagnostic symptoms of concussion." He had proposed to bring before the Society such results of his experience, on the subject of injuries of the head and spine, as possessed the highest claims to notice, on account of their novelty and practical importance. He found that the extensive and complicated connexions of the subject rendered it a matter of difficulty to deal as briefly with it as was desirable; therefore, after glancing at the elementary forms of derangement from injury and disease, he would confine himself to the consideration of concussion. He believed the facts he should bring forward were novel in their application, and that the conclusions derived therefrom would be found of practical importance. There is apparently great want of connexion between cerebral lesions and their effects. Mr. Alcock does not ac-

knowledge this to be really the case, but believe that there is identity of lesion in injuries seemingly different. Thus scarcely any cerebral injury can occur without concussion, of which the symptoms may dominate over and mask those of any other lesion. In like manner compression, laceration, or ramollissement, may be confounded in their symptoms. To disentangle this complexity of effects and kinds of lesion is therefore desirable to resolve the whole into certain elementary classes. The nervous system has intimate connexion with physical objects, and what seems to be an immaterial world—the latter may exert no less influence than the former, corroding like a slow poison, sweeping through the nervous centres with withering rapidity, but we can only entertain these considerations in illustrating effects of diseased action. Mr. Alcock suggests that the fibres of the brain are endowed with *irritability*, alike excitable by mental or physical influence. If this be admitted, may we not expect that either stimulus may tend to produce a disorganising action, which may give softening as a direct result, not being a sequence of inflammation, but an action *sui generis*. Irritability is not inflammation, but if in excess may alike have as ultimate results, weakness, disorganisation. Thus we may often account for ramollissement forming probably an elementary morbid state, and holding a middle place between the obvious effects of injury and spontaneous diseased action.

Many years ago, when large hospitals were under the care of Mr. Alcock, he availed himself of every opportunity of placing cases of injuries of the head in apposition; nor was he long before he perceived that the seemingly endless distinctions were merely varied combinations of three or four kinds of injuries; the most important was concussion, to which compression and laceration were often sequent. The extensive practical experience which Mr. Alcock enjoyed, soon convinced him that the present mode of diagnosing the nature of injuries of the head only led to confused, contradictory, or erroneous results. In evidence of this, Mr. A. then narrated two cases of cerebral laceration, and extensive extravasation; in the first of which the pulse was scarcely affected, and there was no stertor; in the second the pupils were not sensibly affected, nor was the respiration stertorous, though Sir A. Cooper gives "stertorous breathing, slow pulse, dilated pupils," as distinguishing signs of compression. On the other hand, in an epileptic patient, the ordinary admitted symptoms of severe compression had suddenly appeared terminating fatally, but at the post-mortem examination extensive ramollissement of one of the hemispheres of the brain was discovered. During life the gentleman frequently experienced pain both at the vertex of the head and the pyloric extremity of the stomach; and it was a curious fact that abstracting blood from the nape of the neck, in one instance, and the region of the stomach, in a manner alleviated both sets of symptoms. To define the elementary form of injury from such data is therefore out of the question. Having attained the conviction that all the lesions might be resolved into the four forms, concussion, ramollissement, compression, and laceration, the next step was to study each separately as was possible. Laceration must be a sequence of one of the other three lesions, which, on the other hand, might exist separately, though much more commonly observed in combination. To be able to appreciate those combinations, it is absolutely requisite to consider each elementary form in a state of isolation, in respect both of the character, progress, and order of the effects produced. It was Mr. Alcock's intention to lay before the Society some results of the study of concussion, a subject which was very imperfectly understood, though yielding to none in practical importance and interest; it is the most subtle, all-pervading, and powerful of the elementary forms. The term does not well express the nature of the injury; he conceives it to consist of an essentially vibratory shock or jar, whether produced by a direct blow on the skull, or indirectly through any other part of the frame. Vibration constitutes the chief element of its great disorganising and universally

pervading power: vibration possesses a peculiar force which, perhaps, is not altogether mechanical, but may generate a chemical or electric power. Such an hypothesis well explains the apparent phenomena occurring during life, and occasionally marked in the change of structure after death. While concussion may paralyze every fibre, destroying its vitality, though without any physical change recognisable by our senses, compression laceration, and softening ever leave palpable indications of their course, producing their effects by obvious material influence. Severe concussions destroys life, yet leaves no mark how or where the death-blow has been dealt. It is at a subsequent period, and as remote effects only, that congestion, ramollissement, &c., are found to occur. Concussion is the form of elementary injury, which presents the greatest difficulties in pathological inquiry, the others are comparatively simple in their nature. This form of cerebral injury is perhaps best defined as "any vibratory shock, or jar taking effect on the brain, whether caused by direct violence on the head, or indirectly through any other part of the frame, producing lesion of the cerebral function, or of structure, or both." The varied degree of injury may occasion a wide range of effects, independent of combination with the other elementary lesions. The effects of any of these, more especially concussion, are so numerous and varied, both in character, degree, and even order of succession, without any apparent cause of complexity, as to have given rise to very contradictory opinions as to the distinguishing signs of each. To understand the true nature of concussion, it is essential clearly to define certain stages, and these stages will be found to have a peculiar correspondence with a degree of original lesion. Want of attention to these considerations is probably another great cause for confusion and contradiction of opinions. Mr. Abernethy attempted the description of concussion in stages, but unfortunately he appeared to lose sight of the equal imperative necessity of defining and describing the stages in reference to degree, without which it is impossible accurately to compare data. The vague allusion which surgeons have made to degree is not sufficient; certain principles for the distinction of degrees are requisite, so that in the consideration of a case, the stage and degree may always be clearly had in view. Mr. Alcock thinks that a basis for a classification, such as is to be desired, exists, and to demonstrate it, we must briefly consider a few points of the physiology of the nervous system. We find it susceptible of three divisions, through all of which the effects of concussion are made manifest:—1st. The brain and its continuations in the spinal columns, in which are seated mind, volition, and special sensibility, directly influencing voluntary motion and sensation. 2d. The ganglionic division, by which secretion and nutrition are controlled. 3d. The true spinal division which is connected with involuntary motion of the viscera; the action of the various muscles guarding the orifices of the body, and controlling the iris. These parts of the nervous system generally act in combination, though they may occasionally act individually in a singularly independent manner. Integrity of the brain, which is the great source of all nervous power, is essential of course to the continuance of ganglionic and spinal action; without it life must cease. In reference to the above divisions of the nervous system alone we may classify the symptoms of cerebral injury. Of concussion, accordingly, we find three well marked degrees:—1. Where cerebral functions alone are impaired, giving rise to a decrease of sensation, volition, and motion, or even their complete abolition. 2d. Where the ganglionic functions are implicated with the cerebral, causing diminished secretion, impeded action of the heart, &c. 3rd. When the true spinal system is likewise involved. We suppose the original chief seat of injury to be the brain; for, on the other hand, the true spinal system may be primarily injured, and its functions exclusively interfered with. These degrees run through the same stages, the chief difference being in the relative duration and intensity.

The stages of concussion should be defined not

by the detail of particular symptoms, but by referring to the pervading principle of action. The first stage is marked by depressed action, and may continue hours or days. The second stage is one of exalted action, during which any inflammatory action may run its course. In the third stage we have a preternatural irritability of nervous fibre—increased susceptibility for impression. According to these principles we find, that though the observations of experienced surgeons might be essentially correct, yet they were converted into sources of error and confusion, by being referred, not to the respective nervous systems in which the effects were produced, but to the original injury of the brain, and thus erected into types of the kind of cerebral injury, instead of a degree or stage. Stertor has been erroneously considered as indicative of compression, though often occurring in concussion. It merely indicates the degree, and not the kind of injury, pointing out the implication of the true spinal system. Again, where the cerebral system is alone implicated, extensive extravasation may have occurred, and yet there be no stertor. The same remarks are applicable to the state of the pupils, which all must allow to afford very uncertain indications of compression in their dilatation, or of concussion in their contraction, as affirmed by the old rule. We might here again remark, that the irides come under the same classification as the sphincter muscles—they are chiefly under the influence of an excitomotor action, the contractile power of the iris being proportioned to the sensibility of the expansion of the optic nerve. But any local excitement of the optic tract may cause the pupil to contract quite independently of the general nervous condition. Contraction of the pupil will generally supervene at the commencement of the second stage of concussion, indicating the transit to a state of excitement, which, however, may be merely local, general depression still continuing. Want of consent between the pupils always indicates mischief connected with the motor, and not the sensory nervous tract. The diagnosis of concussion cannot be founded on any single symptom, but the entire history can alone furnish data, by attention to which error and mischief can be avoided. Mr. Alcock then proceeded to speak of the progress of concussion in the different degrees and stages. More or less impairment of cerebral functions in the first instance generally takes place: it has been described too positively, and thence a dangerous error; viz., that when coma or stupor reappears after an interval, or without any previous one, some time after the receipt of an injury, it has been held as a certain sign of compression from extravasation, formation of matter, or depressed bone. Pressure there may be, but effected often in a different manner from that usually described. The cerebral fibre may be so debilitated in its power of resistance, that it will not bear the pressure of even the normal quantity of blood. Mr. Alcock, to illustrate this, related a case where the coma did not come on for several hours, and subsequently recurred again; it was quickly relieved by abstracting blood. He drew an analogy between the secondary coma, and what Dr. M. Hall has termed secondary asphyxia. It is another serious error to consider a case of concussion to have ended when all stupor ceases. It is only the first stage got rid of, the effects of the disease may be felt long afterwards, and, in severe cases, irritability of nervous fibre may remain even for life. This irritability of fibre is, in Mr. Alcock's opinion, the most common and permanent of the usual effects. Of this he narrated two instances. The distinction between this irritability of fibre and inflammatory action is too often overlooked; its recognition is of essential importance in connexion with the treatment, for irritability would be most injuriously treated with the depletion which inflammatory action so urgently requires.

Inflammatory action may sometimes be traced, arising from concussion without any intervening coma, confirming the opinion that a first stupor is by no means necessary to the true progress of a case of concussion. If irritability of fibre has been occasioned by concussion, and a second concussion then occur, it is apt to act as a most vio-

lent stimulus, producing excitement closely resembling delirium tremens, and which must be treated in a similar manner, not as inflammation. Mr. Alcock related several illustrative cases.—Concussion, instead of pursuing the usual course, will occasionally follow a different line of development, and a fatal termination generally ensues in connexion with one of the following effects:—1st. By destruction of cerebral function alone. 2d. By disorganization of structure. 3d. By ramollissement. 4th. By development of some fatal suppurative disease in a distant organ. Mr. Alcock has noticed an analogical confirmation met with in the effects of concussion on the eye, by the transit of a ball near its axis. In some instances total loss of function took place, without any perceptible change in structure; in others varying degrees of physical lesion occurred, even to entire disorganization of the contents of the globe.

In conclusion, Mr. Alcock recapitulated some of the more important points he had gone into, and added, that it was only after years of labour and attention to the subject that he had drawn his conclusions, with the conviction of the imperfection of our knowledge on the subject, he had accumulated the facts of a large number of parallel cases, in the hope that their analysis would furnish him with the means of improvement for himself and others.—Dr. ADDISON complimented Mr. Alcock on the paper with which he had favoured the Society; he deemed the original and ingenious principles it contained as important. He himself was inclined to coincide in Mr. Alcock's views, from his own experience. He begged to inquire what was found to be the condition of the stomach in the case of cerebral ramollissement, where pain was complained of in the region of the pylorus? He was anxious that Mr. Alcock should explain a little more the state of the pupil, as he had not exactly understood it, and that he should point out the symptoms most distinctly of cerebral irritation from inflammation.—Mr. ALCOCK regretted that he was unable to give the information as to the state of the stomach in the case alluded to by Dr. Addison, as he had not had the opportunity of examining it. He read the passage which referred to the state of the pupil, repeating, that in proportion to the excitement of the retina, the iris would be contracted—in proportion to the loss of sensibility it would be dilated; but that again the exciting cause, instead of being in connexion with the optic nerve, might cause contraction of the pupil by mere irritation of the motor nerves of the iris. It was a matter of much difficulty he said to distinguish between an inflammatory and irritative affection. In the latter the character of the pain would generally be found dull and heavy, not of an acute nature, as was usually the case in inflammation of the brain or its membranes, when also the contracted state of the pupil was generally extreme, while in inflammation the pulse would be small and thrilling, it would generally be slow and sluggish in irritation of fibre.—Mr. CHINNOCK spoke in high terms of Mr. Alcock's paper, which he considered in the highest degree worthy of the attentive consideration of the Society, from the experience which had fallen to that gentleman's lot in his service in Spain, and the ardour and ability with which he had cultivated the opportunities he had enjoyed. He thought it desirable, as the time was now brief, that the discussion should be deferred to the next meeting. He therefore proposed an adjournment, which was carried.

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MEDICAL PORTRAITS.

DR. FORBES AND HIS CLIQUE CRITICAL.

"Omnes homines, qui sese student præstare ceteris animalibus, summa ope niti decet, vitam silentio ne transcant, veluti pecora, quæ natura prona atque ventri obedientia finxit."—From the Doctor's address to his penny-a-liners.

"Critics!—appall'd, I enter on the name;
Those cut-throat bandits in the paths of fame,
Bloody dissectors, worse than ten Munros;
He cuts to teach—they mangle to expose."

[NOTE.—A word to the reader on the "Argument" of the Satire. Dr. Forbes affects to sneer at the superficial character of all the medical periodicals in this country, not excepting the Edinburgh or Johnson's. In his advertisements he states, that his own journal is unparalleled for depth of science, exactness and precision in style of writing, and that it is known from the *Indus to the Pole*, &c. or something to that effect. Bichat is a never-failing source of attack for his "vague phraseology," &c., with Dr. F.'s reviewers; and they have recently held up Dr. Macartney as being "worse than Bichat" in that way! No author in this country seems to please them: one is too prosy or verbose, another too brief and superficial; a third too vague and obscure in mode of expression. This any reader will find to be correct by looking over the last volumes of the Review; but, above all, by referring to Dr. Johnson's admirable burlesque, published in the first volume (if we recollect right) for 1839 of the 'Medico-Chirurgical Review,' he will get a clear insight into their *modus operandi*—which the following pen and ink portraiture is further intended to illustrate. With regard to the "critical gatherings," F. and C. have a half-yearly meeting of all their juvenile critics at Chichester, when they are feasted by the learned Editor, and where, to the edification of the latter, the most fulsome flattery is poured upon them by the parasitic juveniles. Dr. Conolly, at a meeting that was held in July last, announced his intention of succeeding from his high station, in consequence of his appointment to *Hanwell Lunatic Asylum*, hence the woe and wailing alluded to in the sketch.]

ALLOW me to introduce these interesting people to the notice of the readers of the 'Medical Times;' and, in case it should so happen, from their extreme youthfulness, that their vocation is not generally known, I shall premise by stating that the Doctor and his clique belong to the gentle tribe of critics, and publish a periodical review; but owing to the strong migratory tendency of both the Editor and of the work mentioned, I regret I can not exactly say where they are to be found when at home.—Doctors Forbes and Conolly, the parents of the stock, are highly-gifted men; they write seven languages, and speak as many more; they have studied in the halls of the Modern, and walked the groves of the Elder Athens. They have reached the sublime altissimo of Ida and Parnassus, of Ossa heaped upon Pelion, and thence have penetrated through the less rarified atmosphere of worldly knowledge "to the dusky regions blind" of the abstruser sciences. They have united in their writings (although prose) all the *enthusiasm* of Pindar, the *majesty* of Alcæus, the *TENDERNESS* of Sappho, and the charming levities of Anacreon, besides many other beauties more particularly their own. In short, there is a *mellowness* about their merest effusion that bears ample evidence of its having issued from a fount that has been inspired by the sacred juice of the Chian vine; and should even a shade of the *acerbness*, arising from one who has drunk of the less grateful classic beverages of Formiæ and Falernus, chance to appear, it is sure to be momentarily mollified by the dulcet sounds of *promises* and "*fair words*," which at all events are more *etherial* as *anodynes* than the honey of Hyblian bees.

These distinguished individuals, amongst other endowments, having had a more copious share of that divine attribute "self-approbation" than falls to the lot of the generality of mankind, were thereby enabled to exalt themselves to the

chair of criticism; and, having succeeded on a former occasion in piloting a somewhat cumbersome medical log-book to an end, concluded that they were fully qualified to preside over the medical literature of this country; a very laudable conclusion indeed, and a good example in favour of the moralist who preaches up the establishment of self-approbation and the manifold advantages that are sure to arise from a well-grounded sense of this feeling! But this amiable family was not long allowed to enjoy its *otium cum dignitate*; and to the eternal disgrace of authors be it said, that in return for the kindly and parental advice so liberally doled forth by the *Moravian* critics, they were repaid with black ingratitude, and accused of sundry crimes not fit for publication. However, I shall mention, by way of illustration, one or two of the minor or trivial offences charged to their account.—The most predominant of this clique's "lesser foibles," is said to be a peculiar one-sided, crab-like gait in all their critical movements—a gentle leaning towards the left, and a wonderful degree of reluctance ever to appear on the *dexter* side of any question. Whether this idiosyncrasy proceeds from a lapsus, or even a *lusus naturæ*, in the adjustment and balancing of their cerebral hemispheres, and a total deficit of the organ of probity, or whether it is a wilful dereliction on the part of the individuals themselves, still remains in the depth of obscurity. Suffice it to say (exclaim their ungrateful and irascible accusers), that nature is seldom so lavish of her gifts as to bestow on the same individuals the "divine attribute" which has exalted these amiable people above the common herd of authors, and an impartial spirit of feeling and thinking which others less gifted may chance to possess. In reading from time to time the multifarious charges brought against the *heads* of this distinguished family by the genus irritabile, it has often struck me that they are of a most unreasonable character, and evince great want of judgment on the part of their authors. Surely, on calm reflection, and where they (the genus irritabile) descend from their aerial flights to mundane affairs and terra firma, they must perceive that Doctors Forbes and Conolly, although the ostensible parents of all that emanates from their firm, are so only in a figurative sense, after the manner of a certain rule in prosody, by which "a part may be put for the whole," as a limb for the body, of course the best one foremost. Now, although the Mosaic Law inculcates that the crimes of the fathers shall be visited on the second and third generation, it does not at all follow, that in the case of *critical* parents this law is to take an inverse course, and the crimes of the offspring be visited on those who brought them forth; but if such be the case, the *lex auctorum* surely requires a revisal or amendment on this score.—[But another week must lend me space to continue the picture.]

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

TREATMENT OF CANCER—PREPARATIONS OF IRON, ARSENIC, OPIUM—QUESTION OF OPERATION—FUNGUS HÆMATODES—MELANOSIS.

THE symptoms which occur in cancerous affections may sometimes be alleviated by treatment upon ordinary principles; that is, when inflammation is present it may be reduced by the application of leeches, and by the application of soft poultices. The disorder of the digestive organs may be corrected by alterative doses of mercury and mild aperients, together with attention to diet; and the severe local pain and great suffering, which are so troublesome in advanced periods of carcinoma, admit of being alleviated by the local and internal use of opium. The liquor opii sedativus or an ointment made by incorporating finely-powdered opium with lard, in the proportion of one drachm of opium to seven of lard, may be used locally; while you must administer opium internally, in such doses as to control the pain; in fact, in the last stages of the complaint our medical assistance is pretty much reduced to this mode of alleviating the sufferings. The chlorates of soda or lime may be applied, in the form of a lotion, to remove the fœtid smell, either immediately to the sore, or by sprinkling it on the linen which the patient employs. The offensive nature of the discharge is extremely disagreeable to the patient herself and to those about her; therefore this is a point that should not be neglected under such circumstances.

During the period of schirrous swelling, local applications seem to be of little avail. I think it will be found generally that the comfort of the patient is best consulted by keeping the part warm. The breast should be kept covered with flannel, or a portion of hare-skin, so as to keep it at a comfortable temperature. The late Mr. Pearson wrote some observations on the subject of cancer. He said that the plan he had found most efficacious in relieving the sufferings which attended this terrible complaint, was to reduce the diet of the patient to the smallest possible amount. We can easily suppose that a stimulating diet—a diet which consists of a great proportion of animal food and fermented liquors, cannot be very advantageous under the circumstances which frequently attend cancerous disease; that is, in a state of considerable inflammation, and of disorder of the digestive functions. It is necessary generally that this should be attended to, and the patient, at all events, have a mild diet. I do not believe, however, in general that a very low diet will materially contribute to the comfort of the patient. Frequently there is a state of depression of the general powers under which some degree of good nourishment is found of advantage. It has been proposed to cure cancer, or at all events to alleviate greatly the sufferings which accompany its progress, by means of vegetable food, by excluding altogether animal food and fermented liquors from the diet of the patient. It has been stated with great confidence, that a regular perseverance in a diet consisting of vegetable substances, and distilled water, may be capable, not only of relieving the sufferings which attend cancer—of bringing the ulceration into a better condition, but also, of actually curing the complaint. I think it not unlikely that under some circumstances this plan of diet may alleviate the sufferings of the patient; but I have unfortunately had experience, and that of the most convincing kind, that it is not capable of curing cancer; in fact, not capable of preventing the development of cancer even where it has been employed before the disease has made its appearance. I was well acquainted with a lady, a

disciple of Dr. Lamb's, and a warm admirer of his, who had lived on distilled water and vegetable diet for not less than six or eight years. She was originally a healthy person when she began this diet; however, at the end of that time, she became the subject of cancer in the tongue, and in fact died of that disease.

We naturally inquire, finding that the ordinary means of treatment are of so little avail in the management of these complaints, whether there are any remedies—whether there is any plan of treatment which can be considered to have a peculiar power—the specific effect of controlling the progress of cancerous disease? Whether, in short, there are any local or general means that can be called *anti-cancerous*? Sometimes certain substances have been supposed to possess this property. Hemlock, or cicuta, has lost the fame it once possessed in this respect. At one time, and that not long ago, it was supposed to possess great power over cancer. With respect to this and other narcotics, we may observe that any influence they have in the treatment of the complaint results from their power of lessening pain; and when we come to the necessity of employing remedies of this class, I believe we shall find there is none that deserves much confidence except opium. Mr. Carmichael has written a work on cancer, the object of which is to recommend very strongly the internal and local employment of various preparations of iron. He has expressly mentioned that he has used the carbonate of iron, the phosphate of iron, and sometimes the arseniate of iron. He has given the carbonate of iron, in the quantity of from half a drachm to a drachm, in the course of a day. Now we may observe that in various other complaints the carbonate of iron has been administered in larger doses—in doses of a drachm or more two or three times in the course of the day. The phosphate of iron has been given by Mr. Carmichael, in doses of a scruple, two or three times a day. With respect to the local employment of iron, the carbonate, or phosphate, may be applied in the form of powder to the surface of the carcinomatous ulcer; or they may be applied mixed with water, in the consistence of thin paste; or may be mixed with lard, and applied in the form of ointment. The phosphate of iron, which is a more powerful preparation than the carbonate, sometimes acts as a caustic, and destroys the surface of the part to which it is applied; and thus a considerable change in the ulcer may be produced. The arseniate of iron is somewhat more powerful than either of the others, and destroys the vitality of the parts to a considerable depth; and in this way the arseniate of iron, and arsenical preparations themselves, have sometimes been employed in the treatment of cancerous ulcerations; and frequently, after considerable sloughs have been produced by the application of such substances, the surface has taken on the healing process, and given rise to the appearance of a temporary cure.

I have mentioned already that there is occasionally in cancerous ulcers a partial healing—that the destructive nature of cancer is not so inveterate as to admit of no attempt at repair, under any circumstance. Sometimes, however, even when cancerous ulcers are spreading, there are parts that cicatrize in a healthy way; and it is occasionally found that the occurrence of violent inflammation over the general surface of a cancerous sore seems to lead to the death of the part that had undergone the cancerous change; it becomes separated and detached; and thus the ulcer heals. It is not found that such cures are permanent, but they produce a temporary relief; and I mentioned in my last lecture an instance where extensive cancerous ulceration had almost healed under the antiphlogistic means which the local inflammation of the surrounding parts required. With respect to the power of iron internally or locally in cancer, I believe we may say it has no effect whatever in curing the schirrous tumour or occult cancer. The internal use of iron in the ulcerated stage may be of advantage, by improving the general health. The system becomes affected in the progress of this affection, and the tonic powers of iron may occasionally improve the digestive powers; it may have that kind of influ-

ence on the system in the state of cancerous cachexia which it is capable of producing in other analogous cases. Thus the exhibition of carbonate or phosphate of iron internally may be occasionally beneficial. We can have no doubt that the local application of the powerful preparations that I have mentioned may be capable of producing a change in the condition of the ulceration in the carcinoma. Yet so limited is the power that we can ascribe to iron in the treatment of cancer, that we cannot suppose it possesses essentially anti-cancerous properties; that it is capable of stopping the progress of the disease—of leading to the restorative process, and thus removing the danger to the life of the individual which the disease always appears to carry with it.

The reputation of arsenic in cancer arises entirely from its power over the ulceration, and its influence when applied externally to those ulcers especially that occur about the face; but we know of no power that arsenic possesses over the original schirrous tumour internally or externally applied.

Since, then, we do not possess any power, by means of treatment conducted on general principles, of essentially controlling the progress of cancer; and since we are not acquainted with any substance or mode of treatment that we can suppose to possess a specific power over this peculiar form of disease, we come to the question, how far it may be advisable to proceed by operation? We certainly have the power of removing the disease with the knife; we can cut away the parts that have undergone cancerous change, and thus completely get rid of the disease. The question is, whether such removal be permanent? Whether the disease will recur? Whether we may expect cancer to show itself again in its original seat, or whether we may expect some of those secondary affections in the various internal organs which I have mentioned to you to become developed subsequently? These are very important questions. The consideration of the operation brings us again to the question which I have before mentioned—whether cancer be a local or constitutional disease? If we are satisfied that cancer in an early stage is a local disease, we should be inclined to say that the operation of excision—the extirpation of the diseased parts—would at any time be an effectual mode of curing the patient. I think we may venture to say that excision is a safe and effectual mode of proceeding in the indolent stage of schirrous tumour; that is, when the tumour is loose and moveable, before the skin has become adherent to it, before the tumour becomes fixed to the pectoral muscle, before it has become the seat of any considerable pain, before the vessels have become enlarged, or assumed anything of a varicose appearance; and particularly before the absorbent glands in the axilla have taken on the disease. At all events, if the operation be not effectual, and cannot be recommended in that condition of the disease, still less can we venture to propose it when the absorbent glands in the axilla have become affected, or the local disease has passed into the ulcerative state.

In operations in the early period that I have mentioned, we have the power of effectually removing the whole of the disease, and taking it away with a considerable portion of the surrounding healthy substance. And in performing the operation for a disease that you have determined to be schirrus, you must not be economical as to what you remove; you must not think of saving the skin and other parts; on the contrary, you should cut round freely, so as to take away not only the whole of the disease, but all those surrounding parts to which any suspicion whatever can attach. It may be well, if the skin is healthy, to divide it simply, to turn it back so as to remove the tumour, and then to bring it together again, if we are quite satisfied that it is healthy; but if we entertain any suspicion that the skin may be involved in the disease, it is much better to remove it. For the same reason, I have invariably followed the practice myself, of taking away the whole of the mammary gland, even where there has been only one small schirrous tumour in the part; and on examining the gland afterwards, on such occasions, I have usually found such ap-

pearances in parts more or less remote from the original tumour as led me to be very well satisfied with having taken away the entire substance.

The next questions then are, is the operation to be considered advisable when the lymphatic glands in the axilla have become affected? Is it advisable when the tumour has ulcerated? I can have no hesitation in stating that the general result of experience is, that the disease returns under such circumstances. You may perform the operation, the parts will unite, the wound will heal, and the patient seem to be restored to health. The operation will thus appear to have been successful; but in a longer or shorter time you find, under such circumstances, either that the disease will return in the situation of the part which has been removed, or that some internal organ will become diseased, and the patient perish in consequence. It appears that the opinions of those who have had most experience in the treatment of this complaint, are generally unfavourable to the performing any operation, even in the early stage of the affection. Without quoting Hippocrates and Celsus, both of whom are adverse to the operation, or any active treatment of cancer, I may mention that Baron Boyer speaks of numerous relapses of the disease that have occurred even when schirrous tumours have been removed under the most favourable circumstances. He adds his opinion afterwards that the disease proceeds more rapidly, and that the patient dies sooner than if no operation had been performed.

I performed the operation for a lady who had a schirrous tumour, about the size of a walnut, seated near the nipple, without any affection of the glands in the axilla. The tumour was quite loose and moveable. I removed the whole of the mamma, and the tumour when examined showed the genuine characters of this disease. I performed the operation in March, 1825, and the lady remained perfectly well till the beginning of 1829. In the month of February following she came to consult me, and there was then, at the end of the cicatrix towards the axilla—a part quite removed from the original disease—an ulcerated tumour, and a schirrous gland in the axilla. This lady died in March or April. I only saw her on that occasion, for I considered the case to be totally desperate, and did not propose the operation to her.—I removed the breast of a lady in the month of February, 1827. She was a very fine woman—a robust and healthy person. She had discovered the disease about six weeks before I saw her. There was a considerable tumour between the nipple and the axilla, that had been attended with a good deal of pain. The medical gentleman who had seen her in the country had very properly applied leeches, and other means, to remove the local symptoms; but as the affection did not yield to these, the lady came to town, where I saw her. There was then a hard tumour in the situation I have mentioned, with some drawing in, or indentation of the skin: there was no induration of any gland in the axilla. She was about the age of fifty, and had ceased menstruating a year or two. She had borne children, and, as I have said, was a very healthy woman. I removed the whole breast, although the tumour occupied but a small part of the gland; and in this instance the characters were those of genuine schirrus. The wound healed extremely well, and she considered herself perfectly cured. Towards the end of the year, however, she began to be ill again—she was indisposed without having any definite ailment—she got worse and worse. Her medical attendants were at a loss to decide what her complaint might be, but they could not cure her; in fact she died, and no suspicion existed before her death that it was owing to cancer. The cicatrix had remained perfectly sound, and there were no signs of disease in the part originally affected, nor anywhere else externally. She was examined, and the liver was found an entire mass of schirrus. I did not myself see it, but such was the description given by the gentleman in the country who attended her. Now these are two instances in which the operation was performed under the most favourable circumstances, yet in both these you have seen that the affection was fatal,—in the one the disease returned in the part, and in the other the patient died from

similar degeneration internally. Now if this be frequently the case, in instances where the disease is apparently local—that is, confined to the mammary gland—and where there is no affection of the absorbent glands in the axilla—you may easily suppose that where those glands are affected, there is very little chance of a permanent cure from the operation.

There is another point of view in which the question of operation may be considered, even at a more advanced period than I have mentioned—that is, whether it would be better for a patient to die by the natural progress of cancerous disease—by allowing the part to go to ulceration, with all the sufferings that attend that process; or by removing the disease, to give her an opportunity of dying from the formation of tumours in the viscera, or other internal disorder?

FUNGUS HÆMATODES.

Fungus hæmatodes is a disease as intractable and as incurable as cancer, if not more so. Generally, as I have mentioned, it has been confounded with cancer; but the very striking difference between the two in consistence cannot fail to attract the notice even of those who call it cancer. Hence it has gone by the name of *soft cancer*. It is the *medullary sarcoma* of Mr. Abernethy—the *fungus medullaris*, as it is called in Latin. By some writers, from the resemblance of the newly-deposited substance to the texture of the brain, it is named *encephaloid*, or brain-like tumour. *Fungus hæmatodes*, the name by which it is now distinguished, was given to it by the late Mr. Hey, of Leeds, who published some remarkable cases of the affection, and noticed one striking fact in its character—that is, its becoming, by ulceration of the skin, a bleeding fungus. Hence he has given it the name of *fungus hæmatodes*. The name is in some respects objectionable, for fungus is not necessary to the disease—it may exist and proceed to a fatal termination without ever assuming the fungoid character.

In this disease there is a deposition of a very peculiar substance—it is a newly-formed matter or tumour, like brain, in the cellular texture of any part of the trunk or limbs of the body; or there is a deposition of the same kind of substance in the interior of some particular organ, where it grows, and is developed as a tumour would be in the cellular texture elsewhere. There is this distinction between *fungus hæmatodes* and cancer—I think *fungus hæmatodes* much more commonly appears as a distinct newly-formed substance in the cellular substance than cancer. Cancer is more commonly seated in some organ—*fungus hæmatodes* generally appears as a tumour in the cellular substance of some part of the trunk or limbs. The substance which constitutes the tumour in these cases is particularly characterized by two circumstances—the softness of its consistence, in which it resembles brain—and the admixture of it with a greater or less quantity of blood, generally in a coagulated state. In colour and consistence there is often a very close resemblance indeed between the newly-deposited substance in *fungus hæmatodes*, and the medullary or cortical part of the brain; it is soft, and breaks under slight pressure of the finger. It has sometimes been described as a greasy sort of matter. It is greyish, white, brown, or reddish in colour, and very often a diversity of tints is observed in various parts of the same tumour; very commonly coagulated blood is intermixed with this soft brain-like substance. The coagulated blood is found either in streaks or in spots, or in considerable masses disseminated through the substance. Sometimes very large portions of blood are found in it—not uncommonly the whole of the texture is more or less tinted red or brown with blood. There are sometimes cells in the interior of the tumour, containing either fluid blood, or serum.

The tumour of *fungus hæmatodes* advances to the surface: when it comes near to the skin, in consequence of the soft nature of the substance which constitutes the tumour, and the frequent admixture of blood in large quantity, it presents a very peculiar feel—a feel of elasticity quite contrasted with the incompressible hardness of cancer. Nay, the softness sometimes goes so far, that a

sense of fluctuation is imparted on examination; and this is so deceptive, that not uncommonly the most experienced persons have been deceived by it, and have punctured such tumours under the idea that they contained matter or other fluid. When it approaches the surface, it distends the skin, which becomes tense and shining, and assumes a red colour; after this it is elevated into a nipple-like prominence, which ulcerates, and gives issue to a soft, ragged, grey-looking fungus, from which a thin ichorous fluid discharges in large quantities, or from which copious bleeding takes place. Then it is that the disease properly deserves the name of *fungus hæmatodes*. The ulceration increases in circumference, and the protrusion of the fungus augments—sometimes the parts slough, and their separation is followed by considerable hæmorrhage. In the progress of the affection and its advance to the surface, and during the ulcerative stage, great pain is experienced, constitutional disturbance arises, the pulse is accelerated, the patient is restless at night, the tongue is white, the stomach and bowels are disordered; and from the progress of this kind of unhealthy state of the system something like the condition of cancerous cachexia supervenes, from which, together with the effects of the local complaint, the patient ultimately sinks. When we come to examine the body, we frequently find disseminated through the internal organs the same kind of depositions as those which formed the original tumour; tubercles in the liver, lungs, and various other internal parts, as the brain, and even the bones, consisting of a soft substance more or less tinged with blood, exhibiting various hues, differing only from the secondary deposition that occurs in cancer in being softer in their texture. With respect to the secondary depositions, and even with respect to the primary tumour of *fungus hæmatodes*, I may observe, that when you make a section, and scrape it with the handle or blade of the knife, you squeeze out a sort of cream-like substance; but in other instances the original tumour is firm in consistency. You may have the genuine character of *fungus hæmatodes* without the brain-like texture, that is, you may have streaks of blood in the same kind of texture that I described, except that the fibrous parts predominate over the softer, and thus the tumour is firmer in consistence. This is a specimen [exhibiting it] of secondary tumour in the brain. The interior of it, you observe, is made up almost entirely of blood.

Fungus hæmatodes very often appears, as I have mentioned, in a primary form, as a tumour in some part of the trunk or limbs, but it also affects primarily a great many organs of the body;—the eye, the skin, the lungs, the liver, the kidney, the ovaria, the breast, the prostate gland, the bladder, the testicle, the mammary gland of the female, the bones, and the muscles. These are parts in which *fungus hæmatodes* may arise primarily and in a secondary shape too; in fact, when you have tumours formed subsequently to one of these primary affections, they may show themselves in almost all the organs of the body.

Now the causes of *fungus hæmatodes* are at all events as obscure, if not more so than those of cancer. How, indeed, can we explain the origin of the disease, and the circumstances that produce it, when we see the disease developed in the eye of an infant a few weeks or a few months after birth, and proceeding to destroy the child; this taking place in an infant that in other respects may be perfectly healthy.—As to the distinction between *fungus hæmatodes* and other affections, it has been, as I have already mentioned to you, confounded with cancer, though I think the leading circumstances in the two diseases are in many respects strikingly dissimilar. In the first place, there is a great difference in the age of the subjects affected with these two diseases. *Fungus hæmatodes* occurs frequently in young subjects. In the eye it very commonly occurs under the age of ten years; and in various forms it may take place at all ages prior to that in which we are accustomed to observe the development of cancer. It may come on in an adult at any age, but it is comparatively rare that *fungus hæmatodes* attacks a person at the same period of life at which cancer most frequently takes place. Then there appears

to me to be a strong contrast between the cartilaginous texture and the incompressible hardness which characterize schirrus, and the brain-like softness which denotes *fungus hæmatodes*. *Fungus hæmatodes*, as I have already mentioned, comes on much more frequently as a distinct tumour in the cellular texture in various parts of the body;—cancer is rare in that form; it is almost invariably seen to originate in some particular organ. *Fungus hæmatodes* is more apt to multiply itself externally;—in cancer, although we observe the formation of cancerous tubercles around the original swelling, we usually find that there is no external cancerous affection, except in the original tumour, and the glands that become affected as a direct consequence of this; but it is by no means uncommon to have one or more tumours of the fungoid class in other parts at the same time.

With respect to the *treatment*, I have nothing more satisfactory to offer than the observations that I made respecting cancer—and these were unsatisfactory enough. Treatment is here unavailing, except so far as we are able to administer to particular symptoms. When ulceration takes place, and dreadful suffering comes on, we can only resort to the local and general use of opium. The question of operation here comes to be considered, but there is still less encouragement for its performance in *fungus hæmatodes* than in cancer. We might suppose that the eye would be a favourable situation for the radical removal of *fungus hæmatodes* by operation. Now, in certain instances, the eye has been removed when the fungoid disease has been completely confined to the interior of the organ, before it has protruded so as to form an external fungus, and when the external coats of the eye have been completely healthy; yet the disease has returned under such circumstances. This is the tibia—[exhibiting it]—affected with *fungus hæmatodes*, taken from a gentleman who was under my care. He was about 22 years of age, stout, and nearly six feet high; not a particularly healthy-looking person in the countenance—that is, he was rather of a whitish, pallid, pasty look; but he was otherwise in health. He was affected with pain and stiffness about the knee-joint at Christmas, some years since. On new year's day he was at a party, and having complained of the pain he was told it was rheumatism, and was advised to dance it off. He did dance accordingly, and was able at that time to use the limb freely. He was sensible, however, of some degree of swelling about the knee, but followed his ordinary avocations, and went back to Cambridge, where he was a student. There the local affection soon became much more considerable, and he returned to town. I found a well-defined tumour just below the knee, and a general enlargement in that situation, which led me to suppose that something was wrong there. The disease went on rapidly, and a tumour arose below the joint. It projected externally, and assumed such a form, and fluctuated so distinctly, that, in consultation with another surgeon, we decided that it ought to be opened; and we punctured it to let out the matter—but no matter came. We were then perfectly satisfied of the nature of the affection. A fungus shot out from this opening, but it did not become very considerable. As it was then evident that the disease was *fungus hæmatodes*, the only question was whether amputation should be performed. Further advice was had recourse to, and it was decided that the limb should be amputated above the knee. I accordingly performed the operation, and on the sixth day after it he felt himself remarkably well, and was sitting up in bed, enjoying himself with a friend who had visited him. He composed himself to sleep as usual; but during the night the bell rang violently, and when the nurse came down she found him bathed in blood and dead. The ligature had come off the femoral artery, and no union having taken place, he bled to death. On examining the body, there was no internal disease, except a single tubercle of *fungus hæmatodes* on the edge of the liver; but the glands of the groin were already in a state of incipient fungus—that is, they had the white medullary appearance which is characteristic of the disease. There was a large hole at the head of the tibia, which had been the original seat of the fun-

goid disease; and on examining the muscles at the back of the leg, a large deposition was found to have taken place, with which all the soft parts were completely penetrated. The gentleman died in April; the disease, as I mentioned, having commenced at the beginning of the same year.

I was sent for, a good while ago, to a great distance in the country, to see a clergyman who had got an enlarged testicle, which his medical attendant had refused to remove, assigning some reasons why he would not perform the operation, which led the gentleman to conclude that he was left to die. He sent for me, and I found an enlarged testicle, the character of which, when I saw him, was by no means very decided; but I have no doubt that it had possessed a well-marked character at an earlier period, for the medical attendant, whom I knew, and who is a cautious man, had considered it to be hydrocele, and punctured it. So satisfied was he, from its feel, that it contained fluid, that, finding no fluid come away on the first puncture, he punctured it again. The tumour, when I saw it, had not that elasticity that would have led me to infer that it was fungus hæmatodes. The circumstances that induced the medical gentleman to refuse to perform the operation, was the enlargement of the spermatic cord. I was of opinion this arose from the weight of the testicle; and I did not consider it a sufficient reason against operating. I stated the reasons to the clergyman for and against the operation, leaving him to form his own determination, which was in favour of its performance. The enlarged cord turned out to be a simple thickening of the part; the testicle itself was of the firm description of fungus hæmatodes—that is, it was of a thick fibrous structure, with a good deal of coagulated blood disseminated through it, much in the manner of the tumour that I have pointed out. The gentleman got well, the wound healed, and he seemed perfectly recovered. He continued well about a year; no relapse or return of the disease took place in the wound itself, but at the end of that time he began to waste in flesh, and lost his appetite. He felt himself ill without having any very definite disease; getting worse and worse, till at last he died. The symptoms, so far as they were of a definite nature, rather pointed to some affection of the chest. He was not examined, but I have no doubt that he died from internal disease—that is, from a development of fungoid disease in some of the internal organs of the body. You see by these examples, that the result of the operation is by no means favourable in cases of fungus hæmatodes; and there is certainly very little encouragement to perform it where the disease decidedly possesses that character.

MELANOSIS.

There is another affection on which I have a few words to say, that will detain us but a short time—it is, *melanosis*. This is a disease very similar to fungus hæmatodes; the original nature of the new deposition seems hardly distinguishable from it; but at an early period the substance assumes a remarkably dark colour, looking as if, in fact, it were thoroughly penetrated with the blackest soot. Hence the name of melanosis has been given to it.

[Mr. Lawrence here presented several preparations, remarking]—Here is a splendid specimen of it. If you looked at this, and did not know anything of it, you would think it was a mass of sooty substance. In fact, the word melanosis denotes this striking circumstance in the disease—its black colour. Melanosis is a soft texture originally very much like that of fungus hæmatodes. It destroys completely the texture of the part in which it is developed, and perhaps makes its way externally, becoming a fungus, from which a thick black matter distils. The disease is also developed in a similar form in various external and internal parts of the body. In that respect it resembles a fungus hæmatodes. This is a specimen of melanosis (exhibiting a preparation), which is, in fact, in the stage of progressive conversion into the black condition. You observe a white and medullary substance in one part, while it is beginning to be black in another.

Now I have chiefly seen melanosis as an affection of the eye. It is developed in the interior of the organ, makes its way out, and forms one of

those dark fungoid masses; and if it be not removed in an early stage, it destroys the patient, by affecting the internal organs. This is a very beautiful specimen—(exhibiting it)—of melanosis in the early stage; instead of the clearness of the sclerotic coat, you have a mass of black substance. This was removed from the eye of a young Irishman, about thirty years of age; and, as far as I know, the cure was permanent; at least I saw him between one and two years after the operation, and he was perfectly well. This leads me to observe, that the operation may be undertaken in melanosis with a better chance of success than in fungus hæmatodes. In the early stage of melanosis, when you can be confident that it has not extended beyond the original seat of the eye, there seems to be a chance of permanent cure by removing the disease.

In this other preparation which I have pointed out to you before, you see the progress of conversion from the fungoid to the melanoid state, in an eye where the disease had existed longer, and where all traces of the natural structure of the organ is lost—I performed the operation in the hospital, and the patient died about ten or twelve days after it. His liver was enormously enlarged, and filled throughout with melanoid depositions. This is a specimen cut through. Here are large masses of a black substance scattered through the liver, which is itself greatly enlarged: it is the liver of the same man whose eye was extirpated.

It must be obvious, after what I have said, that in melanosis the only chance of successful treatment must be in the early removal of the disease, when it was yet in its primary stage in the organ in which it was first developed.

SPIRIT OF THE MEDICAL PRESS.

OBSERVATIONS ON OXYMEL ÆRUGINIS OF THE PHARMACOPŒIAS (FORMERLY MEL. ÆGYPTIACUM); ITS TOTAL INERTNESS; AND ON A METHOD OF RENDERING IT ENERGETIC. BY M. DONOVAN, ESQ.

THIS preparation has been, and still is, a favourite with many. The character given of it is that it is stimulant and escharotic; that it is active in removing fungous flesh; and that it is an excellent detergent for venereal ulcers in the throat. The influence of imagination is, no doubt, very great in medicine, as in all other branches of knowledge. It was known that verdigris is an escharotic; that verdigris is used for preparing the oxymel æruginis; and, *ergo*, oxymel æruginis must be an escharotic. I have heard of surprising facts produced by this preparation; indeed, I thought them very surprising, knowing, as I did, that there is no escharotic ingredient present in it; that, in forming it, the constitution of the acetate of copper is totally subverted, and all the copper removed; that oxymel æruginis is merely a mixture of vinegar and honey; and that we need not entertain any of those apprehensions, expressed by some writers, concerning the dangerous consequences which may result from its being incautiously swallowed, when used as a gargle. In commenting on this preparation, during my lectures, delivered, many years since, at Apothecaries' Hall, when I was Professor of Materia Medica at that establishment, I stated that when honey and the acidulous acetate of copper are mixed in the cold, no action results; but that when the mixture is boiled, the acetate of copper is decomposed, and the copper precipitated, in the metallic state, in the form of a red fine powder. Subsequent experiments made by others have proved that I was right. Oxymel æruginis, thus prepared, has no taste of copper, and none of the qualities of a cupreous solution. Among other trials, I unsuccessfully endeavoured to discover traces of copper in it by means of ammonia; but, as the application of this test was liable to objection, in consequence of the deep colour of the oxymel, I made the following experiment:—A quantity of

filtered oxymel æruginis was boiled to dryness, and the residual mass incinerated, and lixiviated with liquid ammonia. The liquid did not acquire any blue tint, although copper, even in the metallic state, if finely divided, as it must have been, were it present, would have produced this effect. It is true that when oxymel æruginis is newly prepared, the copper, although reduced to the metallic state, is so minutely divided, that it floats, imperceptibly, in the viscid liquor, and would then give evidence of its presence, if the preparation were submitted to an experiment similar to the above. But, if time, sufficient for the total subsidence of the reddish powder (which is metallic copper), be allowed, the results will be as above described.—The name, oxymel æruginis is, therefore, an utter misnomer, as there is no ærugo æris present in the mixture, nor, indeed, any other ingredient beyond honey and vinegar.—It is easy, however, to prepare a true oxymel æruginis, one possessed of escharotic powers, mild or powerful, as we please, certain in its effects, and always of the same strength. The process is as follows:—Boil half an ounce of finely powdered verdigris in half a pint of distilled vinegar, to one-half. When cold, filter and mix the solution, with double its weight of old solid honey, and preserve the mixture for use.

Here there is no precipitation of copper in any state, because no heat has been employed. The preparation is of a brilliant green colour, and preserves all the powers of acetate of copper, well known to be not inconsiderable. The consistence of this preparation is a little less than that of a syrup or a honey; but no inconvenience results; no fermentation can take place; and there is no risk of spoiling from dilution.—*Dub. Med. Press.*

CLINICAL LECTURE BY SIR BENJAMIN BRODIE, BART.

DELIVERED IN THE THEATRE OF ST. GEORGE'S HOSPITAL, MARCH 17, 1840.

STRICTURE.—(CONCLUSION.)

GENTLEMEN.—There now only remain a few points to complete the history of stricture. In my last lecture, I said I should speak of such kinds of this disease as are not curable by the ordinary means; happily, such are extremely rare. You will meet with them in cases where the stricture is so old, so indurated and cartilaginous, that the difficulty of passing an instrument appears insurmountable; as well as in these cases where, from the existence of a false passage, the instrument cannot be directed where it is wanted—it slips into the unnatural passage. Now, the treatment which has been most recommended in this class of cases, consists in the application of *cutting instruments*. Mr. Strafford's catheter is that which is usually adopted. To whatever benefit, however, is stated to be derived from this mode of treatment, I must decidedly express my dissent. I am one of those persons who will ever refrain from recommending it to you, and that, in the first place, because the stricture can be cured without the necessity of any cutting instrument at all; and, secondly, because there is always danger likely to result from it. I have known a surgeon to cut through the urethra, behind the stricture, in consequence of which the patient died of infiltration into the cellular membrane. I cannot, indeed, conceive that such an operation should be safe under ordinary circumstances; but I know that a modification of it may be attended with success. A man—a veterinary surgeon—was once a patient in this hospital, having an obstinate stricture, with a false passage. He had been under the care of Mr. Earle, at St. Bartholomew's Hospital. The stricture was highly cartilaginous;

and, although repeated attempts were made, no bougie could be got to pass. I was, at first, somewhat perplexed what to do, as I was averse to having recourse to the cutting system. Seeing no alternative, however, I made up my mind to try Mr. Strafford's instrument, when I cut down to the perinæum, and made an opening—a straight one—into the membranous portion of the canal; I then placed my finger behind the stricture, and introduced the instrument, pressing it down upon the anterior part;* after some efforts, I thus succeeded in cutting through the stricture with the steel-point. The obstruction being removed, I had now, of course, no difficulty in passing the gum catheter, and the patient was ultimately cured, that is, so far as, thenceforward, to be able to pass the catheter himself. Thus, you see, it was by cutting through the perinæum, and placing my finger behind the stricture as a guide, that I was mainly enabled to procure this happy termination. In another case I pursued a different method; it was antecedently to the one I have just related, or I would have proceeded the same way. It was that of a man who had had stricture for many years, and had never succeeded in passing an instrument. He was in one of the wards of this hospital. I had him placed in the position for the operation of lithotomy, and cut down to the perinæum, telling him to strain an effort to make water; and then making an opening by my finger, as directed in cases of retention of urine, I contrived to pass a gum catheter. I had occasion, immediately after, to leave town for a few weeks; but on coming back I passed an instrument into his bladder, and he was discharged as cured. The same man is still in the habit of coming here, whenever he wants the catheter passed. Still, in this case, I cannot but think that had I made an opening into the membranous canal of the urethra, kept my finger behind the stricture, and then introduced the cutting instrument, the cure would have been less troublesome. You will recollect that the patient is, in every case, to pass the catheter for himself, at regular intervals, even after the cure has been effected. It is necessary that he should do this for several reasons, but especially for this, that the urine will be apt to be clogged by the lithic acid, and other salts. The lithic acid accumulates in the form of red particles, like cayenne pepper. The nitrate of ammonia is generally thick and yellow, and is deposited in the chamber-pot in amorphous crystals. The grand principle on which the treatment of stricture is to be conducted is, that the patient should abstain from wine and spirituous liquors; drinking, at all events, only a very little of either. All acid wines should especially be avoided, and cyder wholly so. Nothing that is acid, in short, should be taken; for it is this which generates all those injurious salts which bring on stricture and retention of urine in their worst forms. Exercise is necessary, in order to induce perspiration. Those who do not perspire are subject to the generation of acid in the stomach; the perspirable matter, itself acid, being the principal means by which the lithic acid and the rest find an outlet from the internal economy. The bowels are, moreover, to be kept open by purgatives. These are important rules, and deserve your utmost attention. But, again, when there is a deposition of lithic acid, you must give *alkalies*; say fifteen to twenty grains of the bicarbonate of potass, three or four hours after breakfast, and also after dinner. Thus it is you neutralize the acid in the stomach; I am aware that the superabun-

dance of acid in that organ is generally considered to be the muriatic; but I have no doubt that it gives rise, ultimately, to the acid in the kidneys. You may, if you please, give magnesia, instead of the potass, and this is very well; or you may give the preference to soda. But, as a general rule, when you wish to alter the urine by means of an alkali,—just as when you wish to alter the disposition to gout—the potass should be preferred to the soda or the magnesia. Dr. Prout has well explained the reasons for this, and it may be worth your while to consult his writings on the subject. The lithate of potass is readily dissolved by the urine, and passes away with it; whereas, the lithate of soda is insoluble in that secretion, and may, besides, originate stone in the bladder. Here is a preparation (the learned Baronet exhibiting it) which I purchased from the museum of Mr. Heaviside; it is a stone of lithic acid *encrusted with lithate of soda*. Gouty patients, likewise, should take potass; for the soda is liable to bring on chalk stones. Indeed, if you give soda, you feed the chalk-stones; if potass, they pass away by the urine. But, as in cases where, in order to get rid of the acid, you administer an alkali, so, where there is any alkaline matter present, will you employ an acid. The one must be neutralized by the other. Lemon-juice has been tried with good effect in the last-named description of cases. I have been accustomed to prescribe a very pleasant drink in the following manner:—

R. Diluted nitric acid.
—— Muriatic acid, a a 5ij.
Syrup of orange peel, ʒj.
Orange flower water, ʒj.
Distilled water, ʒxiiij.

A wine-glass full of this to be taken three or four times a day. You should not omit to provide yourself with some blue litmus paper, that you may see whether the patient who may happen to be under your treatment for stricture, have too great a quantity of acid, or of alkali in his urine, and regulate the dose of the neutralizing agent accordingly. I need not remind you of the value of this test. You should resort to it, as above all possibility of fallacy and deception. I ought to have said, in its proper place, that those who have the lithic or any other salt, should take alterative pills, composed of extract of colchicum, of colocynth, and of blue pill. Such pills are particularly serviceable to persons of a full habit, and depositing the red or yellow salt. I have, in former lectures, spoken to you of congenital contraction of the orifice of the urethra—a source of extreme annoyance, ultimately often giving rise to malignant diseases of the glans penis. Since then I have met with a case in point, which I shall proceed to relate. A gentleman, born with a narrow urethra, last Christmas became affected with retention of urine. A surgeon whom he consulted passed a bougie, which, for awhile, relieved him; but by-and-by the contraction became greater even than before. Several attempts were made to dilate the orifice, but in vain; if he put the bougie aside for a few days, he could not make water at all. This patient afterwards consulted me, and I cured him simply thus:—I introduced one blade of a pair of scissors into his urethra, to the extent of about a quarter of an inch, and made an incision in the line of the frenum. No hæmorrhage of any consequence ensued. I then placed some lint between the edges of the wound, leaving sufficient space for the urine to flow, and changing the lint occasionally, succeeded eventually in relieving him. He now makes water without difficulty. There is not the danger in this division of the ure-

thra which you might at first be led to suppose. It does not prevent the procreation of children. I know a person who once had his urethra thus divided, who has, nevertheless, since been blessed with a very numerous family. As to strictures of the female urethra, they are not common. I have seen but few examples of them myself. I know of nothing better than to keep them moderately dilated. I say moderately, for if you attempt to dilate them to any great extent, you may bring on spasm. There is a disease of the female urethra described by Sir Charles Clarke, to which I may allude. The patient experiences great pain and difficulty in making water. On opening the urethra, you perceive a small tumour, sometimes exceedingly red, at other times exceedingly pale. The vascularity is generally very high, but at times it is almost imperceptible; and if you merely touch it you will find it not unfrequently to bleed. Now, when this tumour is situated at the external orifice of the urethra, it may be managed thus; clip off the edge with a pair of scissors, and then touch it with caustic—not the nitrate of silver, but caustic potash; taking care, at the same time, that you be provided with an antidote to protect the neighbouring parts. When, however, the origin of this vascular fungus is within the urethra, you cannot thus clip it off; you must dilate with a pair of forceps; then introduce a small steel tube, open at one end and closed at the other, and having a small quantity of caustic at the open extremity, so that it may come in contact with the fungus. If you use caustic potash, you must be furnished with vinegar to protect the neighbouring parts; or, if your preference be given to nitric acid, it must be applied by means of lint, and carbonate of potash should then be daubed on the neighbouring parts as a protective. These applications are to be repeated several times. Yet the tumour in question is not treated without a considerable deal of difficulty, and requires caution; for, on the one hand, your object is to destroy it, and on the other to protect—to preserve from injury—the neighbouring parts. Sometimes, too, the tumour, after being destroyed, will regenerate; and I am much mistaken if it does not in time become complicated with other diseases. And this, gentlemen, will conclude my course. In the early part of the next session I hope to have the pleasure of meeting you, to illustrate some other subject.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 21st March, 1840:—

Epidemic, endemic, and contagious diseases	152
Diseases of the brain, nerves, and senses	151
Diseases of the lungs, and other organs of respiration	332
Diseases of the heart and blood-vessels	14
Diseases of the stomach, liver, and other organs of digestion	48
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c. .	13
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	3
Diseases of uncertain seat	121
Old age, or natural decay	71
Violent deaths	27
Causes not specified	5

Deaths from all causes

946

* For some valuable practical remarks upon this operation, see Sir Benjamin's *Clinique*, reported in 'Medical Times' for 11th of January last, vol. i., page 150.

TO CORRESPONDENTS.

HOUSE SURGEON.—*The Hospital alluded to is the greatest job in London, and the individuals connected with it, far from the most spotless. We may some day 'a tale unfold' of peculation and humbug, which outdoes all former Hospital misdoings.*

WESTMINSTER STUDENT.—*The story of Mr. Hale Thomson's whiskers came safely to hand.*

Q. IN THE CORNER.—*The operation was not unseen, nor will it be forgotten.*

SAWBONES, BOROUGH.—*The individual alluded to, is a perfect Nockemorf, and we doubt not sat to Boz for the portrait.*

BARTHOLOMEW'S.—*We have notes of the operation, and may perhaps find space for them.*

A FORMER PUPIL OF MR. DERMOTT'S.—*We shall be happy to receive the series of diagrams "copied by the Student from the Lecturer's diagram board"—and will take care that they shall be made proper use of.*

LOGOS.—*Yes, the letter on Vaccination in the Times of Monday last, is the same that appeared in its columns several weeks ago, and of which we gave an abstract at the time. Our correspondent still has our thanks.*

THE DOCTOR DICKSON QUACKERY is in full feather, and deserves the suggested castigation. It is not given, because to expose an empiric is to advertise him.

MR. COMBE'S letter received.

ROCKET.—*A letter per post.*

DELTA will receive a note, if he will favour us with his address.

"DR." DAVIS shall be the subject of a few words in reference to the advice gratis quackery.

A. B.—*We shall be glad to hear from him upon any less mesmeric subject. The case shall not be lost sight of.*

MR. C. F. CARTER, NEWCASTLE, is thanked for his note. Any communication which reaches us in good time, will have ready admission into our columns, but the present one has already been printed elsewhere.

It was Mr. C. Barclay who gave notice that he should move for a return of the number of deaths from small-pox, after vaccination, that have occurred in the Hospitals of London, Westminster, and Southwark, during the last ten years.

J. K.—*Certainly. Any subscriber who may have his copy of the Medical Times done up in boards, will receive a label for the back upon application at our office.*

A SUBSCRIBER, GALLOWAY.—*We will take an early opportunity of passing in review the various works, upon the different branches of Medical Science, most worthy of purchase by our country readers. We think he is quite right in saying country practitioners "often throw away their money upon trash, trusting to the puffs in newspapers." We will endeavour to "promote the sale of the most deserving, by showing wherein the merits of the best books consist"—and will also "mention those publications that are chiefly rubbish." "That the country sale of medical books is greatly limited, from the hazard of imposition," is most true.*

CHARING CROSS STUDENT.—*The workhouse lads who attain the honour of dressing for the New Hospital, are to have added to the usual duties of the office—that of making the poultices. A large cauldron and corresponding ladles have been provided for the purpose. The candidates for the dressership's are likewise to pass an examination, preparatory to which we would recommend the perusal of 'Sawneyson on Pap.'*

H., PARIS.—*Received as we were going to press. We shall avail ourselves of his packet in our next.*

SIR A. CARLISLE'S letter did not escape our notice. The style is far better than the argument.

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OF THE

MEDICAL TIMES.

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THE MEDICAL TIMES.

THE NEW HOSPITAL.

HOSPITALS are very good things in their way, but "enough," says the old proverb, "is as good as a feast." Any one who has taken the trouble to watch the working of the present system of medical gratuitous relief, must have been forcibly struck with the evils which that system has engendered. While a few first-rate physicians and surgeons have realized enormous incomes, the bulk of the profession are rusting away in idleness—their education and exertions scarcely sufficing to obtain for them the wages of a clown. Although this is, in a great measure, the result of the present fee-system—seeing that very few patients will give a young practitioner a guinea when Sir Hurry This, or Sir Scurry That, is to be had for the same money—yet is this starvation of the rising generation of medical men in a great measure attributable to the action of the present system of hospital management. With the rich institutions which the charity and munificence of our ancestors has provided for the assistance of the sick poor—institutions possessing revenues superior to a score of petty principalities and threadbare dukedoms—with hospitals sufficient to afford assistance and relief to every individual, even in our enormous community, yet the wretched and unnatural condition of our Medical Institutions has fostered a system of hospital and dispensary-making, which contributes much towards making a bad state of affairs still worse. Every quarter has its hospital—every parish has its dispensary. Possessing charities for all ordinary ills—ingenuity has been driven to start a Hospital for Club-feet!—the force of folly can no farther go. The result of all this is, that hospitals exceed the demand—that persons for whom the institutions were never intended, become the recipients of the charity—and that surgeons and physicians, from the force of competition, condescend to "tout" for patients. The patients underrate that which they feel they con-

fer a favour by receiving, and the junior practitioner is left without a chance of getting practice. A notable instance of this jobbing is just being completed in the case of the King's College Hospital. Such an institution was not required by the neighbourhood. St. Bartholomew's, the Middlesex, and Westminster Hospitals were amply sufficient for all the purposes of charity; always having plenty of vacant beds for accidents, and proper hospital cases. In addition to these, there is recently erected Charing Cross Hospital, which always has spare beds, and a "Metropolitan Free Hospital,"—an active Dispensary, which assumes the more imposing title,—a few doors from the workhouse engaged by the King's College Committee. But the Joint-Stock College, in Gower-street, had an hospital, and the Joint-Stock College, of the Strand, must have one likewise. The shares in both speculations must be kept up, and as medical students must be had, a hospital was determined upon, near the Strand, in opposition to the one in Gower-street. The projectors were not long in getting the support of the high-church party, who were the patrons of the King's College speculation, and in a short time they fixed upon a building which had been discarded by the Poor Law Commissioners as unfit for a workhouse! It stands in one of the most unhealthy neighbourhoods in the metropolis—and has an overgorged graveyard under its windows. This is the place selected for heading the sick,—but as the one thing requisite was a hospital, it mattered little as long as a hospital was got. Flaming advertisements have announced the completion of the arrangements, and as our readers are perhaps already aware, the staff is as follows: Consulting-Physician, Dr. Watson—Consulting-Surgeon, Mr. Arnott—Physicians, Dr. Budd, Dr. Todd—Physician for Diseases of Women and Children, Dr. Robt. Ferguson—Assistant-Physician, Dr. Guy—Surgeons, Mr. Ferguson, and Mr. Partridge—Assistant-Surgeons, Mr. Simon and Mr. Bowman. Mr. Partridge being second surgeon, he will of course leave Charing Cross Hospital, where his place will be filled by Mr. Hancock, who a short time since procured the post of Assistant-Surgeon. A Mr. Avery is likely to be nominated in Mr. Hancock's place. Perhaps the only advantages attending the hospital competition is, that a rivalry of improvement may perchance be established. That it may be so, we fervently hope. The King's College officers promise largely—clinical lectures are to be regularly given—the house-surgeon is to be elected from the pupils—the dressers are to be examined before appointment, and so on. If the promises are fulfilled, we shall be among the first to award the due meed of praise.

The Committee of King's College Hospital have duly heralded the opening of their new undertaking, by a showy advertisement in the papers; by which it appears, that on the 13th of April, in-door patients will be received, to the extent of fifty beds, and on the 12th of May, further accommodation will be provided for 120 patients.

CONFESSIONS OF JASPER BUDDLE, DIS- SECTING-ROOM PORTER.

HOW MR. OKES ATTENDED HIS FIRST MIDWIFERY CASE.

[Continued from p. 7.]

"HERE'S the doctor come," said three or four voices at once, as soon as Mr. Okes got his feet firmly on the ground.

The proprietor looked up over his horn spectacles and, seeing who it was, laid down his work, and turning a cat, without any ears or tail, off a chair on which it was sitting, offered the accommodation thus procured to our hero.

Mr. Okes nodded graciously, and in a very condescending manner, to all who were in the room; and then taking a pinch of snuff, blowing his nose, and trying to look grave, approached the bed, and asked the woman how she felt?

"Och! its mighty bad that I am," returned his patient, in an accent that left little doubt she was one of the finest pisantry in the world. "It's all along of my back."

"Well, well," said Mr. Okes, "we shall be better soon, I dare say;" and then, not knowing what other observation to make, he turned it off by running the back of his finger against the wires of the cage, and chirping at the poor little wretch that was hopping about the perches inside, "Dicky! dicky! poor little dick!"

"Wouldn't you like to take a pain, sir?" said the woman who had conducted him from the Pantheon.

"Oh! no, no," said Okes, "there's no occasion for that yet—it will only worry her."

It probably *would* have worried her, for Mr. Okes' knowledge was entirely theoretical; he would have learnt as much from making an examination, as a thief would by putting his finger into the keyhole of a street-door to see if there were any hats and great-coats hanging up in the passage.

Mr. Okes resumed his seat, and the man applied himself to his work again. But waiting for a midwifery case was a new feeling to Mr. Okes, and he got fidgetty before ten minutes had elapsed, and began to think he should go away. At length he recollected he had got his pipe in the pocket of his pea-coat, and he concluded, as the place smelt very strongly of smoke already, he should not be committing any very great breach of propriety in taking a whiff or two. Accordingly he drew out the china-bowl, and fitting it to its stem, filled it, and then took a piece of live coal with the tongs from the fire, and lighted it.

"Smoking's a fine thing for the astmy," said the husband of the woman, who had been for the last five minutes lost in admiration of Mr. Okes' pipe.

"Very," was the laconic reply.

"I knew a man as had the astmy forty year, and cured it at last by smoking."

"Did you!" said Mr. Okes, in answer to that interesting pathological fact.

There was another pause. Our hero looked at his boots, crossed one leg over the other, uncrossed them again, and gazed with a wistful eye up into the street, where the people seemed very happy, as they were all walking wherever they liked.

"Would the doctor like a cup of tea?" said a woman, coming out of one of the distant cellars.

"Thank you, no," replied Mr. Okes; "but I should like some beer very much, if you have anybody to go for it."

"I'll fetch it directly, sir," said the cobbler, rising from his settle.

"I think gin-and-water will be best, on second thoughts," said Okes; "here, take this half-crown and go and get that bottle full.

Buy some lump-sugar and screws with the change, if there is any."

The man then departed in an instant, and in a few seconds returned with the spirits. The old kettle was put on the fire, some mugs were handed down from an invisible nook in the corner of the room, (mugs for gin-and-water!) and very speedily Mr. Okes, the cobbler, the shell-pincushionmaker from the next room, and, to crown all, the patient herself, were discussing the grog that the young doctor had so liberally stood.

At length, however, a few premonitory grunts on the part of the woman revived Mr. Okes' anxiety, and recalled him to the responsibility of the situation in which he appeared. If it had not been for the gin-and-water he would certainly have felt very nervous, but as it was he thought it best to do as well as he could, trust to Providence, and, as Macarthy has observed, "support the perinaeum." Like all your book-men, he was well up in the anatomy and axes of the pelvis, but totally ignorant of practical treatment.

"Had'nt you better walk about a little?" said Okes to his patient.

"Sir, I can't," was the answer. "Och! I wish I was out of it."

"You mean you wish it was out of you," said the cobbler, laughing mightily at his own joke.

At last the labour began to come on in earnest, and Mr. Okes took his place at the bed. The pains were strong and regular, but not being used to such scenes, the shrieks of the woman alarmed him, and he began to think something must be going very wrong, from her crying out so lustily. He accordingly put a good face on it, and endeavoured to ascertain the presentation. But in so doing, he pressed somewhat forcibly against the membranes which were now protruding at the os uteri, like "a soft natural wedge," as the lecturers call it. In an instant they ruptured against his nail, and the liquor amni escaped with a gush upon his arm.

"This must be a dreadful hæmorrhage!" thought Okes in the last stage of fright. "Have you anybody here at leisure for an instant?" he added aloud.

"Can I be of service to your honour?" said the shell-pincushionmaker, who had remained in the room the whole time. Their ideas of delicacy are very limited in a St. Giles' cellar.

"Yes, yes," gasped Mr. Okes. "Here is an unexpected difficulty in the case. Go to Dr. Catchmole's and tell him I will thank him to step down here immediately. Be as quick as you can."

The messenger departed, and the embryo accoucheur began to think what means he could devise to assist or save the woman, in what he imagined was a most dangerous extremity. He chanced to have in his pocket a little book, two inches by one in size, containing the essence of everything that had ever been written by Denman, Velpeau, Burns, Merri-man, Conquest, Blundell, and all the other eminent men since the flood, and to its miniature pages he turned for information. Finding something about "cold water applied suddenly with a dash;" "cold applications;" "bandages;" "horizontal posture," and the like, he was about to put them all into practice at once, and had collected two pails and a waterpot at the bed-side, when another pain came on, and then another, and another, and the woman screamed, and a tiny cry was heard under the clothes, and the child was born.

"God bless the docthor!" was the first exclamation that the poor patient gave utterance to when she recovered her breath; "I hardly thought he was strong enough at first, but now he's a nice gentleman."

In complete bewilderment Mr. Okes lifted up the little red lump painted white that lay kicking before him; fortunately he now knew very well what to do, and in ten minutes more all had concluded, although he was still a little bewildered about the hæmorrhage.

"God bless you, sir," said the cobbler, rubbing his hands on finding it was a boy. "There's a little gin left, your honour, to drink your health with."

"I have no objection to drink yours," said Mr. Okes, inexpressibly gratified that the performance had concluded so satisfactorily. "Send one of the children out for some more, and ask your neighbours in from the other cellar."

A second invitation was not needed, and the messenger was dispatched with two empty wine-bottles. A few old women collected according to custom round the bed, and some very dirty men appeared from some of the other subterranean recesses of the tenement, at Mr. Okes' request, coupled with the intimation that he was going to treat them all with some grog to drink the new-comer's health. In another ten minutes they were comfortably settled, and having lighted their pipes, and boiled the kettle, began their libations.

But during all this time the pincushionmaker had been speeding with diligence on his message. On arriving at Dr. Catchmole's, he found that worthy professor from home, or, as the servant said, gone to a bad case in Russell-square. Upon the man's intimation, however, that it was an urgent affair, the footman told him that he was dining with a friend in Langham-place, and recommended his proceeding to the house, of which he gave him the direction. The pincushionmaker accordingly trotted on to the spot indicated, and arrived there just as Dr. Catchmole was, all politeness, handing a lady in the family-way down to dinner, and trying to pump out whether she had spoken to a medical man or not. Of course the message was not given directly. In vain did the pincushionmaker attack the powdered and tagged lacqueys who were running along the hall with covers and hot plates to deliver his mission; none of them paid him any attention, until he caught hold of the butler, who, naturally anxious about the forks and spoons, inquired somewhat suspiciously, what he was loitering in the hall for, or if he wanted his master? The man explained the object of his visit, and conveyed it to Dr. Catchmole.—Now many things in life are extremely unpleasant, especially in our unfortunate profession. It is unpleasant to lose a good patient, who always paid his bills well; it is unpleasant to ride about in your gig, with the consciousness that you have nobody to go and see; it is unpleasant to advertise for a share of a business, and get taken in by false books and feigned names; but it is very unpleasant to be sent for from a first-rate dinner party to a bad labour—from the refined elegance of Langham-place, to the polluted regions of Seven Dials! Hence was it, that Dr. Catchmole, although in general a good-tempered man, waxed somewhat wrath at being interrupted in his festivities, and saying a few words of apology to the host, he left the room, threw on his cloak, and followed the pincushionmaker to the obstetric cellar, guided by the man through a region of short cuts, little courts, and narrow streets, that he never knew were in existence.

But during all this period, time had been going on, and evening had approached. As they entered St. Giles', the majority of the shops, with the exception of the wine vaults, had closed; and all the cellars had removed their wares from their apertures, and closed the ingress, with the exception of one, from

which sounds of much merriment proceeded as Dr. Catchmole and his guide arrived there. And what a spectacle met his astonished gaze as he descended! There was Mr. Okes at the head of a table made of shatters upon tressels, very drunk, with a pipe in one hand, and a glass of gin-and-water in the other, and amusing, with his favourite song of "We'll drown him in a bowl," a large party of indescribable inhabitants of the Cimmerian regions, that he had invited to join the festive board—a board it literally was. The patient was still lying on the bed in the corner; three women were dressing the baby amongst them, and the cobbler was giving his neighbours a drunken narrative of some quarrel he had with his last landlord six years ago, about three shillings rent.

"Hurrah for Dr. Catchmole," shouted Mr. Okes, as he caught sight of that gentleman's form descending. "Gentlemen, I beg to introduce Dr. Catchmole to you—jolly good fellow—rum'un at a labour.—How dy'e do, Doctor?—well, if you won't shake hands you know, don't, only I hope no offence."

"Mr. Okes, what means this foolery?" asked Dr. Catchmole, very sternly.

"You should have been here before," continued Okes, not understanding his anger, or not paying any attention to it; we've had some capital songs from that chap in his shirt sleeves."

The gentleman in question was an itinerant minstrel, who was in the habit of delighting his audience in Lincoln's-inn-fields of an evening.

"I repeat, sir, why have I been sent for here? said the Doctor more vehemently.

"Devilish bad case," said Okes; "all the legs and arms presented at once, and only come right by spontaneous combustion—elocution—what do you call it?"

Not comprehending much from this rambling statement, Dr. Catchmole approached the bed to ascertain if all was going on right. Finding everything correct as far as he could judge, he was more bewildered than ever; and looking a hundred daggers at Okes, who was making a speech to his company, he whirled his cloak over his shoulders, broke into a few oaths, and left the cellar.

* * * * *

Mr. Okes appeared at the school the next day very pale and very seedy. He never rose in Dr. Catchmole's favour again, which, nevertheless, did not prevent him from gaining the midwifery prize at the end of the session, although one of the questions related to the best means of stopping hæmorrhage.

ROCKET.

SIR BENJAMIN BRODIE.—A meeting of gentlemen educated at St. George's Hospital and of other professional friends of the worthy Baronet, took place on Thursday last, for the purpose of adopting the necessary means for presenting him with a testimonial, on his retirement from the office of surgeon to that Institution.

By accounts from Tobago, it appears that, up to the 19th of January, the yellow fever was raging with more than its ordinary severity, in the detachment of the 74th Regiment, stationed on that island. The fever began on the 17th of December (1839), abated a little after Christmas, and then returned worse than ever. Half the detachment were in the hospital when the packet left the island.

The "South Tipperary Medical Association" has forwarded petitions to both Houses of Parliament on Medical Reform and the Medical Charities.

ON THE ANATOMY OF THE BREAST, BY SIR ASTLEY P. COOPER, BART.

(Concluded from p. 9.)

BREAST AT DIFFERENT PERIODS OF LIFE.

IMMEDIATELY after birth a section of the gland still appears of a red colour, and is rather larger than in the fœtus. For twelve months it remains a rounded body about the size of a large pea, still distinguishable by its colour from the surrounding parts. The best mode of seeing it is by making an incision through the nipple and centre of the gland, to the aponeurosis of the pectoralis major, in a full-grown fœtus. After twelve months, it loses much of its colour, and it requires minute attention to dissect and develop it, so as clearly to make out its character. Examined at from two to three years of age, the breast appears separated from the surrounding cellular tissue, from its being enclosed in a fascia which not only covers both its surfaces, but enters into its composition; and by this mode of investing it, renders the gland a distinct and separate organ. It is covered by the two layers of fascia, as in the adult state, one passing before the gland, to connect it with the skin, and one behind it, to join it with the aponeurosis of the pectoralis major. I have given views of the appearance of this gland, at three, at four, at six, and at nine years; at which ages it will be observed to differ but little, excepting that at nine years it is less rounded in its figure. The nipple is a cleft or cavity in the fœtus; but soon after birth it becomes a cone, and an areola appears around it, which increases but little to the ninth or tenth year, when it becomes somewhat larger, and not quite smooth upon its surface. At twelve years, the nipple is rounded, and the areola becomes prominent, and generally small glands appear upon its surface, and at its margin, where it is connected with the surrounding skin. At fourteen years, the nipple is still more increased; small clefts appear between the papillæ, which begin to evolve. The areola rises a little around the nipple, from the evolution of the gland behind it. The colour of the nipple is now of a bright red; that of the areola a little darker; and the roundness and prominence or intumescence of the breasts appear. At fifteen years, a cleft often exists instead of a nipple, and in this cleft the orifices of the milk-tubes are concealed. At sixteen years, the nipple and areola are much evolved, and the former is divided on its apex into numerous papillæ. The areola is of a darker red. At seventeen years, the nipple is evolved, and fitted for its future office. The areola is more than an inch in diameter, and its tubercles and glands are very large. A few straggling hairs appear. At twenty, the appearances are much the same as at seventeen years. At puberty, the mammary glands enlarge, and become prominent, and the breasts assume their roundness, intumescence, and agreeable form, the beauty of which is heightened by the rosy colour of the nipple and areola, and the mending of the veins under the firm snowy whiteness of the skin give it altogether a marbled appearance. It is not merely the gland that grows, but the fat which is added to the cellular tissue gives to the breast a part of its additional prominence. When puberty commences, the nipple is surrounded by an intumescence from the evolution of the gland around it, and behind the areola; and another intumescence appears from the evolution of the breast around the areola, forming the mass of the gland. With respect to the changes in the gland itself, they are as follow:—

At the ninth year, the gland increases in its diameter, and forms a thin margin under the

skin. At eleven and twelve, the diameter of the gland is greatly increased. At thirteen years it is rather concave upon its anterior surface: its edges are turned up, the cause of which is, that the breast grows faster than the ligamenta suspensoria; and it sends forth its processes, which unite the ligamenta suspensoria, and fix them to the skin: the glandules also appear. At fourteen, the growth has been very considerable; the diameter of the gland is much increased. At twenty-one, the gland has obtained its full size before lactation. The two layers of fascia are perceptible, with the ligamenta suspensoria going to the skin upon the fore-part of the gland, with the fat between them, and the posterior layer of fascia passing to the back of the gland, and to the aponeurosis of the pectoral muscle. In the adult state, and about the middle age, the colour of the nipple is of a brownish red, and that of the areola a little darker. The gland is distinctly lobulated, and its parts move more freely upon each other than at the earlier periods of its evolution. It appears, then, that in infancy the rudiments of the future gland are formed, and that at puberty a sudden and increased determination of blood to the part evolves those rudiments into the beautiful organ that I am now attempting to describe.

On the Effects of the Mind upon the Secretion of Milk.—The influence of the mind upon the body generally affects the natural functions, and in this circumstance the human subject remarkably differs from other animals. A hurried circulation from over-exercise, or a deficiency of natural food and water, will affect the secretion of milk in all Mammalia, but mental and moral causes influence the production of milk in the human female; and it is this influence of the mind upon the body which operates to produce the fatal effects of injuries in man, which other animals suffer with comparative impunity. Lactation is one of those functions which are subject to great changes from mental impressions, for the milk becomes reduced in quantity, altered in quality, and sometimes suddenly arrested from mental agitation; but it generally suffers more in its quality than its quantity. The secretion of milk proceeds best in a tranquil state of mind and with a cheerful temper; then the milk is regularly abundant, and agrees well with the child. On the contrary a fretful temper lessens the quantity of milk, makes it thin and serous, and it disturbs the child's bowels, producing intestinal fever and much griping; and a woman of a nervous irritable temperament, makes an indifferent nurse. Fits of anger produce a very irritating milk followed by griping sensations in the infant, and green stools are produced, which are often indications of considerable nervous irritation on the part of the child. Grief has great influence on lactation, and consequently upon the child. The loss of a near and dear relation or a change of fortune, will so much diminish the secretion of milk, that a wet-nurse often will be required to perform the office of suckling, or it will be necessary to give the child such food as is best adapted to its age and power of digestion. Anxiety of mind diminishes the quantity and alters the quality of the milk. The reception of a letter which leaves the mind in anxious suspense, lessens the draught, and the breast becomes empty, the lactiferous tubes and reservoirs ceasing to contain milk in the usual manner. If the child be ill, and the mother is anxious respecting it, she complains to her medical attendant that she has little milk, and that her infant is griped and has frequent green and frothy motions. Fear has a powerful influence on the secretion of milk; I am informed by a medical man who practises much

amongst the poor, that the apprehension of the brutal conduct of a drunken husband will put a stop for the time to the secretion of milk. When this happens the breast feels knotted and hard, flaccid from the absence of milk, and that which is secreted is highly irritating, and some time elapses before a healthy secretion returns. *Terror*, which is sudden and great fear, instantly stops this secretion. A nurse was hired, and in the morning she had abundance of milk, but having to go fifty miles to the place at which the parents of the child resided, in a common diligence, the horses proved restive, and the passengers were in much danger. When the nurse, who had been greatly terrified, arrived at her place at the end of her journey, the milk had entirely disappeared, and the secretion could not be reproduced, although she was stimulated by spirits, medicine, and by the best local applications a medical man could suggest. A lady in excellent health, and a good nurse, was overturned in her pony chaise, and when she returned home, pale, and greatly alarmed, she had no milk, nor did it return, and she was obliged to wean her child. Those passions which are generally sources of pleasure, and which, when moderately indulged, are conducive to health, will, when carried to excess, alter, and even entirely arrest, the secretion of milk.

On the Effects of Medicine on Lactation.—Medicine has great influence in changing the qualities of the milk. This is proved by those numerous cases with which our hospitals teem, of mothers suffering under eruptions and other forms of disease supposed to be syphilitic, and infants having eruptions upon the head, the feet, and the nates, with inflammation upon the tunica conjunctiva, and desquamation of the cuticle upon different parts of the body. The mother has mercury given to her by the stomach, or mercury is rubbed upon a good absorbent surface; no medicine is given to the child, but it continues to suck its diseased mother; both mother and child soon improve, and both completely recover, but the child through the influence of the milk alone. Such a number of instances have I seen of these diseases so cured, that there can be no doubt of the fact, and many children perish if the mother be not so treated. *Purgative remedies*, if they be easily absorbed, when given to the mother, produce a similar effect upon the child, but sometimes it would seem that any disturbance of the mother's bowels will produce irritation in those of the child. The medicines which affect the child are olive oil, castor oil, confectio sennæ, and extractum colocynthis compositum. The saline purges are apt to influence the child's bowels, as the nurses express it, to go to the milk. The best medicines to give to the child, are manna, magnesia, castor oil; injections are very useful. Iodine has been found in the milk by many persons:—"A woman in Guy's Hospital had been taking iodine for a fortnight three times per diem, with five grains of hydriodate of potash; her milk was tested with sulphuric acid and starch, and the strongest indications of iodine were obtained." From the researches of Chevallier, Henry, and Peligot, on the milk of asses, to whom various medicines were administered, it appears that distinct traces of many remedial agents were readily detected in the lacteal secretion. Of these, common salt was detected in abundance. Sesqui-carbonate of soda passed in great quantity into the milk, rendering it alkaline. Traces of sulphate of soda, when administered in doses of about two ounces, were readily detected. Sulphate of quinine, although administered in large doses, did not appear to pass into the milk. Iodine of potassium was readily detected, when administered in doses

of a drachm and a half. Oxide of zinc, tris-nitrate of bismuth, and sesqui-oxide of iron, were readily detected in the milk, when these substances were administered to the animal; but no traces of alkaline sulphuret, salts of mercury, or nitrate of potass, could be detected even after the digestion of these drugs in considerable doses.

THE CHANGES PRODUCED BY AGE.

After the cessation of menstruation from age, when pregnancy is no longer possible, the ducts of the breast still continue open, and loaded with mucus, which may be squeezed from the nipple. When the ducts are cut open, the mucus, at an age of between fifty and sixty years, is in a fluid state, and the ducts are extremely distended by it. I collected from the ducts of an old person a quantity of the inspissated mucus, and sent it to Dr. Prout, who found that it was united with oily matter, and with phosphate and carbonate of lime. This state of the tubes arises from the mucous secretion still proceeding in the lining membrane of the ducts, and not being able to escape at their narrow orifices at the nipple, an absorption of the watery part ensues, and the more solid remains united with ossific matter. Although the ducts in age are often very open when the woman has suckled several children, yet the milk cellules are generally incapable of receiving injection, and the ducts inject but imperfectly. The glandules are extremely diminished, and often become entirely absorbed, so that in old age only portions of the ducts remain. The lactiferous tubes in old persons appear cellulous from their being increased where branches of ducts are entering the larger trunks. But there is another and still more curious, but an almost invariable change in age, which is, that the arteries of the breast are ossified as they became useless; not only the larger branches of the mammary arteries, but their trunks also; so that they often become obliterated, and always very much diminished canals, and are with great difficulty injected; but it is necessary to inject them to render them visible, as they are sufficiently apparent, from the load of earth which they contain, when they have been macerated and dried. The veins of the breast are much diminished in age, but the nerves are more easily traced than when the gland is in its most developed state. The nipple becomes long, wrinkled, and relaxed, but in very old age it generally contracts, and resembles a warty excrescence. It appears, then, the effect of age is to absorb the glandular structure, to load the ducts with mucus, to obliterate the milk cells, to excessively ossify the arteries, and to thin and wrinkle the nipple, and at length in a great degree to absorb it. But although the glandular structure be thus absorbed, adipose matter is deposited and occupies its place, and the general contour of the breast is in fat persons thus maintained.

Of the mammary Gland in the Male.—The gland in the male "is a miniature picture" only of that in the female. It is most developed in those men who are of effeminate appearance; and largest in a man whose testes are small.

The gland is placed immediately behind the base of the nipple or mamilla. It varies extremely in its magnitude, in some persons being only the size of a large pea, in others an inch in diameter, and I have seen it two inches or rather more, and then it reaches even beyond the margin of the areola. Its consistence is very firm, and it often bears a striking resemblance to an absorbent gland. It is rounded at its basis where it sinks into the fibrous and adipose tissue, and gradually lessens at its

apex, where it ends in the mamilla or nipple. In its circumference it is rather lobulate, forming depressions, giving it a melon-like appearance. The gland is constituted of two parts,—first, of very minute cells, and secondly, of small conical ducts which divide into numerous branches in the gland, and terminate in straight ducts which end in very minute orifices at the nipple. In their form, in their divisions, and in their course through the nipple, they all form a miniature resemblance of the gland and vessels of the mammary gland in the female. The gland is not situated loosely in the cellular membrane, but is confined by, and enclosed in, a fascia which renders it a separate organ from the surrounding parts.

It will therefore be seen, that the gland in the male, like that of the female, is a regular organ, included and intersected by a fibrous tissue; that it is composed of cells and ducts, which are not too minute to be injected, although with difficulty. The cells are placed in lobules, which do not communicate with each other but through the medium of branches of the principal ducts, but not by any lateral communication. The ducts are not confined to the part of the gland at which they enter, but are spread out from the centre to the circumference, sometimes crossing each other, and they extend to the margin of the gland.

APOTHECARIES' HALL.—The following gentlemen passed their examination on Thursday, March 26th:—James Remington Stedman, Guildford; John Grove; William Short, York; Henry Thomas Webster Harper, East Indies; Edward Brouncker Thring, Warminster; William Thomas Rogers, R.N.; Walter Hugo, Crediton; James Muter Turnbull; Thomas Lewis Hill, Birmingham; Thomas Sisson Upton; Samuel Mayer Turner, Newcastle, Staffordshire.

POISONING BY TARTAR EMETIC.—At the last sitting of the Academie de Medicine, Paris, M. Orfila read a memoir, giving an account of his experiments on poisoning by tartar emetic. After death had occurred by the administration of this poison, he had succeeded in detecting traces of the deleterious substance in the various organs, the blood, &c., of the body. He had introduced from 36 to 110 grains of the emetic into the cellular tissue; and, in another case, from 15 to 25 grains into the stomach of an animal of the same kind, after tying the œsophagus, to prevent vomiting: in these cases, the animal died between two and four hours after taking the emetic, according to the dose, and the age or strength of the dog. In one case, the animal had died although only a few grains had been rubbed on its thigh, uncovered of its hair: at the expiration of a few hours, the blood retained no trace of the poison, and at a later period no vestige of it could be found in the body.

THE CATOPTIC EXAMINATION OF THE EYE.—Dr. Hays, of Philadelphia, has communicated to the American Philosophical Society "some observations on the catoptric examination of the eye, as a means of distinguishing the morbid conditions of the transparent tissues of that organ. He had resorted to it with success in a great number of cases; and was of opinion that not many years would elapse ere it became as commonly employed in the diagnosis of diseases of the eye, as auscultation now was in those of the chest. M. Sanson and Dr. Mackenzie had written approvingly of the examination in question, and it appears practised by themselves, especially in distinguishing cataract from amaurosis, and in determining the condition of the eye in glaucoma.

REVIEWS.

Cyclopædia of Practical Surgery. Part V.

THIS number is decidedly the best that has appeared of the series. Mr. Lucas's article on Asphyxia is concluded. We have then papers on Avulsion—Surgical Anatomy of Axilla—Balanitis by Mr. H. J. Johnson—Bistoury by Mr. Fergusson, the newly elected surgeon and lecturer at King's College—a very good sketch of blood-letting by Mr. Wardrop, in which the views of this gentleman, as promulgated in his work on that subject, are laid down. We give the following extract, as it contains useful hints.

Difficulties and Accidents in Blood-letting.—The ill effects of wounding the brachial artery, or of puncturing the branch of a nerve, have been already considered, together with many other points bearing on this subject. We shall here advert to the more ordinary circumstances attending the operation. Sometimes it is impossible to discover any vein, either by sight or touch. If, however, the ligature be applied for half an hour, and the arm be plunged in warm water, while the patient at the same time causes the muscles of his arm to contract, one or two will often become apparent, and even sensible to the touch. The plunging the arm into hot-water is of doubtful efficacy, for though it will help to render the veins turgid, it also reddens the skin, and expands the cellular tissue to the extent of masking the veins completely. When none can be found, the ligature should be placed on the wrist or ankle, with a view to obtain blood from the largest vessels that may be found in either of these situations. In fat persons the first puncture of the lancet often does no more than expose the vein at the bottom of the wound; in such a case, a second puncture should be made to procure the flow of the blood. Sometimes after the blood has for a moment gushed out in a full stream, it ceases all at once. This may depend on the ligature above being too tight to allow the circulation of arterial blood, so that the supply to the punctured vein soon ceases; in this case, the ligature must be slackened. When the ligature, on the other hand, is too loose, the blood does not flow, but trickles slowly out of the wound. Much, therefore, depends on the manner of applying the ligature, not only in regard to the rapidity and effect of blood-letting, but also to the preservation of the parallelism between the wound of the vein and that of the skin. The want of this may stop the flow of blood altogether. The evil is often produced from the vein being punctured while the arm is in supination, and from its being immediately thrown into pronation in order to direct the stream into the basin, or from the arm being bent after having been previously extended. These changes of position should be as much as possible avoided. The parallelism will be best restored by replacing the arm in the position in which it was when the vein was punctured. If the first puncture be too small, it should at once be enlarged sufficiently to allow of a free flow of blood. Another evil, which arises under the circumstances just mentioned, is ecchymosis, or thrombus, as it is sometimes called. The parallelism must be re-established at once; and if that cannot be done, the wound must be enlarged, in order to prevent the extravasation of blood from extending further into the cellular tissue. If the flow of blood externally has entirely ceased, the ligature should be removed, and another vein opened. The tumour thus formed may be left to nature, or absorption may be expedited by the application of a compress, moistened with spirit, or vinegar lotion. Inflammation of the cellular tissue may also arise. This is to be combated with leeches, saturnine lotion, and rest of the limb.

The next article is "Diseases of Bone," by Mr. T. Spencer Wells. The writer first gives the general anatomy of bone, and then proceeds to speak of its diseases in a manner which simplifies the subject. The following extract will give an idea of his views on this subject.

The bones, then, are organized structures, and,

as such, are subject to the same laws as the softer tissues, not only in a state of health, but also when under the influence of disease. Their organization, however, though the same in kind, differs materially in degree, and from the large proportion of earthy and saline matters contained in them, they may be said to hold an intermediate place between organic and inorganic bodies. We find the bones of children far more liable to acute diseases than those of adults, and this results from the larger quantity of organized matter the former contain. A wound of the soft parts is healed in a few days, while it requires weeks and months to effect the perfect reparation of a fracture. Here again our argument holds good, reunion of fractures occurring most rapidly in the young. The same reasoning also applies to the diseases of the different parts of a bone; for the denser the texture, the less is its supply of blood, and the lower its organization: on this ground the outer or compact tissue of bone having less vital power is more prone to die from disease or injury, while the cancellous structure approaches the softer tissues more nearly in the nature of its diseases, as it does in the character of its organization.

As the processes of assimilation and growth are much less actively carried on in bone than in the soft parts, so the progress of disease is much less speedy. The effects, however, are more permanent, and by no means so amenable to treatment, a long continuance in the use of remedies being necessary before evident benefit results. The sympathetic relations of bones also under disease, strictly accord with the low state of their vital endowments; for though they certainly occasionally participate in some general disorders of the system, scurvy, mercurial cachexia, &c., still we frequently see cases of extensive osseous disease, the constitution of the patient being unaffected, or merely suffering from the effects of severe or long-continued pain. On the other hand, bones remain quite intact, while the rest of the system is agitated by acute diseases. This could not occur in the soft parts, the different organs being mutually dependent on each other, and the whole being intimately connected by nervous communications. After taking these points into consideration, the following appears to be a natural arrangement of the diseases of bones:—

I. Functional affections, or lesions of innervation.

II. Abnormal changes, the result of defect or excess in the nutritive or assimilative powers.

III. Simple and specific inflammation of bone, and its membranes, with the consequence of such inflammation.

IV. Morbid growths, deposits, or formations.

V. Malignant diseases.

A CASE OF TWINS, WHERE ONE HAD BEEN LONG DEAD.

BY DR. SIEBOLD, OF DANTZIC.

AN unmarried woman, aged 25, pregnant for the second time, was delivered of a stout boy at the full time, at 8 in the evening of September 5, 1837. At the edge of the placenta there was a thickened flap of skin about an inch and a half long, and three-quarters of an inch broad, which was connected with the membranes of the ovum; there were no blood-vessels to be seen in this appendage, nor did it seem to be of a fatty nature. As Dr. Siebold did not know what to make of it, and this irregularity of the membranes of the ovum did not seem worth preserving, the afterbirth was put aside. The afterpains continued until 10 o'clock in the morning of the third day, when something protruded from the genitals, having the appearance of a longish oval flap of the skin, of a pale colour, but with no perceptible smell of putrefaction; it was three inches and a quarter long, and one and a quarter broad. On more accurate examination Dr. Siebold found that it was a foetus of about four months, squeezed quite flat. Its head was pressed together laterally with the face turned to the left. The remains

of the eyeballs gleamed with a blueish hue through the closed eyelids. The neck and trunk were flattened from before backwards; the ribs and their cartilages were easily distinguished, and not one of the former was broken. The right arm was bent obliquely over the chest, and pressed close to it. The right hand was perfectly formed. The left humerus was extended upwards behind the left side of the face, but the fore-arm was lost. The right leg was turned upwards so that the feet and toes could be pretty clearly distinguished; but of the left lower extremity only the femur was left, with the muscles surrounding it. The external male genitals were also distinguishable. On the abdomen there was a remnant of the funis in the form of a flat and narrow ligament three inches and a half long, with the maternal extremity unattached and lacerated. The whole back of the body was as it were corroded, so that in many places the bones of the foetus were laid bare.—It was beyond all doubt that this foetus was the twin brother of the child which had been born alive, and that both germs had been impregnated at the same time. One of the embryos died in the fourth month of its formation, and was gradually compressed against the internal surface of the uterus. The peculiar flap on the membranes of the child born at its full time may possibly have been the relics of the membranes belonging to the ovum of the foetus which perished. Dr. Siebold is very sorry that he did not make a preparation of it. He doubts this being a case of superfœtation, indeed he doubts the possibility of its occurrence; and is inclined to believe that in most of those instances which are supposed to prove a superfœtation, either there were twins, and one foetus came into the world too soon, or too late; or else the case has been narrated so imperfectly as to prove nothing on either side of the question. So far Dr. Siebold, Dr. Meissner, who reports the case in *Schmidt's Jahrbücher*, observes that even when both children are born alive and of apparently different ages, it is not a proof of superfœtation. He once saw a case where of two children born at the same time one was at the full period, and the other, though born alive, was apparently a seven months' child, and weighed only two pounds and a half; yet both had a common placenta and a common chorion, but the amnion was double. This case proves that from some circumstance a twin-child may be retarded in its growth. Immediately after this case we find one of the same class where triplets were borne. On the 1st of April, 1838, says G. A. Michaelis, M. P. was prematurely delivered of two boys, both dead; on the 16th of July she was delivered of the third child of the triplet, who was alive and well when the case was reported in *Pfaff's Mittheil*, 1838, Hft. 9 and 10.

The Council of the College of Surgeons have announced that a Studentship of Human and Comparative Anatomy will be appointed in June next, for the period of three years. The candidates must be members of the College and under twenty-six years of age; and they must transmit to the secretary, by the 1st of May next, certificates of character and acquirements, signed by two qualified members of the profession.

As the Committee of the London Hospital were sitting on Tuesday last, a gentleman, a perfect stranger to all present (who afterwards, however, gave his name), entered the room, and having stated that "it was impossible for a person to walk the streets of this vast metropolis without being convinced of the value of such an institution," presented the hospital with a donation of 100*l*.

MEETINGS OF SOCIETIES.

BRITISH MEDICAL ASSOCIATION.

THE half-yearly general meeting of this body was held at Exeter Hall on Monday last, March 30th. There was but a small attendance of members; and, for a considerable time previously to any one being admitted, the knot who form the council were deliberating in secret conclave. On entering, we found Dr. WEBSTER in the chair. That gentleman, in opening the business of the meeting—which was to alter some of the by-laws—proceeded to review, in a strain of high eulogy, the great services the Association had rendered to the cause of Medical Reform. This, he observed, was no hole and corner assembly. The profession at large were invited to attend. The council were never more happy than to see their constituents; and they could now congratulate them on the formation of similar associations in Glasgow, the North of England, and the Eastern Counties, and on the Central Provincial one; all of which had earnestly taken up the question of the *Police of Reform*. The subjects which had engaged the attention of this, the association over which he (Dr. Webster) presided, were severally referred to. No less than five deputations had waited on individuals connected with the government, and they had all retired with assurances of support. The last was upon Mr. O'CONNELL, who met them with a spirit of frankness, stating that his assistance would ever be given to a liberal policy, and to liberal measures in whatever concerned the interests of the public; but that although he was willing that the medical profession should be freed from all exclusiveness, it was yet to be recollected, that it was a profession which required to be carefully guarded, and in which particular systems of education should be enforced. The honourable gentleman had characterised medicine as nothing more than a system of *guessing* (a laugh); but he confessed, nevertheless, that the *means of guessing* were wanted. He reprobated the existence of a number of corporations, each of them granting its own diploma, and having a peculiar standard of qualification; and declared his conviction that so long as these sources of mischief were suffered to continue, so long would the profession and the public have to complain. In one word, he said, "a little Parliament is wanted for the Profession." Thus, the prospects of reform were most cheering, and the Association had only to persevere, in order to effect all that was desired. (The worthy Doctor here strained himself to puff the 'Lancet'—to the great amusement of his hearers. A pledge had been obtained, he continued, from Mr. Warburton, that his report upon the evidence given before the parliamentary committee should, *in due time*, be printed; but, if that gentleman should break that pledge—which, however, there was little reason to anticipate—the question would immediately be taken out of his hands! Another sign of the times was to be found in the letter of Mr. Key, a gentleman who, although once opposed to reform, now seemed to come forward as its advocate. Altogether, there was great reason for the Association to congratulate itself upon its labours, and the chairman concluded amid much cheering. A GENTLEMAN (whose name we could not catch) expressed his surprise and regret that the *Liberal members of the House of Commons should alone have been called upon, and the Conservative members entirely neglected*. There could surely be no harm in conferring with some of the latter; and it was, besides, to be considered, that if they were now slighted,

and their support contemned, there was a probability that when the question should come to be mooted in the House, they might, in their turn, show their sense of the insult by discountenancing all the endeavours of the Association.—Dr. HALL then moved a resolution, that that portion of the by-laws limiting the election of President to two years be rescinded; which being carried, as a matter of course, the remaining resolutions were severally put and adopted. Dr. R. D. THOMPSON was elected a member of the council, in the room of the late Mr. Parsons, R.N.; after which the meeting separated.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

CIVIL.—Dr. John Griffin, of Kilrush, has been elected Medical Superintendent of the Kilkee and Carrigaholt Dispensaries.

VACANCIES.—Dr. Eames has resigned the Dispensary of Miltown, County of Westmeath.—Dr. Bookey has resigned the Dispensary of Fenagh, County of Carlow.

NAVY.—Assistant-Surgeon R. H. Cullen, to the *Ætna*, vice Rowe, sick.—O. T. Millar, (Additional Acting,) to the *Britannia*.—Francis V. Carey, Physician and Surgeon to the Castle Townshend Dispensary, has been appointed by the Lords Commissioners of the Admiralty, Surgeon and Agent to her Majesty's Cutters and Navy for the Castle Townshend stations.

CONCERT IN AID OF THE FUNDS OF THE WESTERN EYE DISPENSARY.—On Friday Evening last a concert took place at the Hanover-square Rooms, in aid of the above charity. By the indefatigable exertions of Mr. Houston, an admirable programme was made out, containing the names of the following ladies and gentlemen of professional celebrity, who in the kindest manner gave their valuable services gratuitously. The Misses Woodyatt, Bruce, Dolby, Rainforth, and Mrs. A. Toulmin, late Miss Fanny Woodham. Messrs. Harrison, Gear, Stretton, Brizzi, Sala, and Begrez. Mrs. Toulmin sang one of Stockhausen's beautiful Swiss melodies in a very elegant manner. She introduced a very pretty echo, which so pleased the audience that she was most rapturously encored. O Dolce Concerto was sung by Miss Woodyatt, with an Obligato accompaniment on the flute by Mr. Richardson. Miss W. executed some clever variations in a very flexible manner, and sang delightfully in unison with the flute. Two English ballads were sung by Miss Rainforth and Mr. Harrison, "My Mother bids me bind my Hair," and "The Thorn," both of which deservedly met with a loud encore. Miss Rainforth seemed content with the composer, and sang as Haydn wrote it, in a most chaste and pleasing manner. Madame Launitz performed a Concerto on the piano-forte, for the first time in England. We never witnessed a more brilliant debut, and we may safely promise her a brilliant welcome in London. We should like to hear this lady play Kalkbrenner's Concerto "Di Tanti Palpiti." Blagrove as usual played most delightfully. The room was very fully and fashionably attended, which we were very happy to see, as the Institution is deserving of every success, poverty and disease being the only recommendation required to obtain relief.

THE NORTH OF ENGLAND MEDICAL ASSOCIATION has addressed a circular to the members of the profession throughout England, calling upon them to forward petitions to both houses of parliament. Accompanying the circular, is printed a model petition. The plan is entitled to great praise, and will effect much benefit.

MEDICAL OBITUARY.

On the 15th inst., at Berlin, after a long and painful illness, John Frost, Esq., founder of the Medico-Botanical Society of London.—At Buttevant, of fever, John M'Fadden, Esq., M.D., Medical Superintendent of the Buttevant Dispensary and Fever Hospital for twenty-two years.—In Galway, Michael O'Conner, Esq., Apothecary.—Deputy Inspector-General, Dr. Rogerson, Half-pay.—Surgeon Markham, Half-pay 56th Foot.—Deputy-Purveyor, E. Warner.

EPIDEMIC OF SCARLATINA.—This formidable disease has appeared epidemically in Ennis, and in several instances has proved fatal. Dr. George O'Brien, one of the surgeons of the Clare Infirmary, is at present labouring under it, but we are glad to be able to add, with favourable symptoms.—*Dub. Med. Press.*

The commencement of the second examination for the degree of Bachelor of Medicine of the University of London, is deferred to Monday, November 2: the examination for the degree of Doctor of Medicine will commence on the 23rd of November.

M. LANGLOIS, Professor of Chemistry at Strasburg, has succeeded in isolating hypo-sulphuric acid, by the action of perchloric acid, and hypo-sulphate of potassium. The acid concentrated *in vacuo* was a colourless liquid, slightly inclining to a syrup, attracting moisture, and decomposable at 80°.

ADVERTISEMENT.—To the Readers of the 'Medical Times.'—Mr. H. W. DEWHURST, formerly Resident Surgeon to the Saint John's British Hospital, Lecturer on Anatomy, &c., having been for the last six years labouring under indisposition, in consequence of the absorption of poison received, when making a post mortem examination of a puerperal subject, through a slight dissection wound; and having, since September last, been confined to his room from ulcerated legs (which are only now healed), he has therefore been disabled from following any professional avocation, and is, with a wife and four children, now in the most poignant distress, in fact almost starving. His health having improved, he is anxious to resume his popular scientific Lectures for the benefit of his suffering family, but is unable to do so for want of a few pounds to redeem his costly philosophical apparatus, clothes, &c. If the benevolent readers of 'THE MEDICAL TIMES' will charitably buy a copy of his poems, 'THE DIADEM,' price 7s. 6d., or otherwise humanely assist him, he will ever feel truly grateful.

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No. 29. VOL. II.

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MEDICAL PORTRAITS.

DR. FORBES AND HIS CLIQUE CRITICAL.
NO. II.

FROM the Scotch *Lazars* house to *Furnival's* Inn maledictions of all kinds have been poured upon Doctor Forbes, and upon him alone. What can be more unjust than this? Why do not authors take example after him, and *distribute* their gifts? But it is vain to expect any good can come out of Gallilee; the refractory crew—the genus irritabile—seem totally regardless of the Doctor's feelings, of his character as an upright, good-natured, well-meaning man; and, above all, of the tender ages of his youthful family of critics, "who are so gently violent." An irritable scribe, in the fulness of his wrath, thus addressed me upon one occasion while endeavouring to tranquillize his temper:—"Reason, sir! why you might as well try to reason with the devil himself or Doctor Foster as with such flagrant sinners—they are beyond the pale of reason; nay, more, a man can scarcely be *rational* while thinking of such baboons. How can one reason with individuals who look upon every modern 'discovery' as a tissue of enormous lying? If a man discovers a 'reflex function,' they are sure to throw out some base reflections as to the origin and fountain of such discovery—if a man writes on counter-irritation they will cauterize him—if he writes on diseases of the rectum (as Syme), they'll administer bitter aloes for his piles—if he writes on inflammation and water-dressing (as Macartney), they'll inflict mental irritation, and prescribe aquafortis for its cure. Should any individual in this kingdom, save *one* (Carswell), dare to write on *cutaneous* diseases and make *plates*, they are sure first to *skin* him alive, and then *dish* him; and, 'though last not least,' the unfortunate wight who presumes to write on morality and prostitution, God help him, for Friend Sancho's aerial ups and downs at the 'inn' were as nothing compared with the 'tossing' in store for *him*." I endeavoured to cool this madman's ire by stating that the fault of all this lay with authors themselves, and not with their critics; and had the former been more judicious in their choice of subjects, and taken especial care not to choose any *medical* subject having the slightest relation with the "1. Pyrexia, 2. Neuroses, 3. Cachexia, and 4. Locales;" or still better, had they *consulted* with this amiable and kindly people before publication, in nine cases out of ten they would come off SCOTT free. For instance, had *you* not been so lamentably deficient in foresight and retrospection as you must have been to have written upon such *touchy* subjects as "*Morbus Pedicularis*," "*Scabies*," and "*Noli me tangere*," you would know that the critic's great-grandmother was sorely afflicted with the former, and that the latter runs in the family like a wooden leg. No man in his senses would have done the

like but yourself; and when a person, either through ignorance or folly, wounds the feelings of delicate new-born critics, he must expiate his offence by suffering a just and severe castigation. "There is some truth in all that," replied the other, in a more subdued tone, "but still their remains one serious charge, which cannot be got over, namely, that they do not 'practise what they preach;' for in the very same passage where they reproach an author for confusion of sense, misapplication of words, and false reasoning, they themselves are guilty of the grossest derelictions in clearness of language, philology, and logic. Here is a stumbling-block not easily to be overcome." "You could readily and satisfactorily account for the foregoing," I replied, "if you had been in the slightest acquainted with *their* *arcana* of criticism; for that same 'license' which permits the poet with impunity to infringe upon the laws of metre and of rhyme, enables these equally exalted critics to throw away those fetters which subjugate all *common* authors, and soar aloft,

Unhurt amidst the war of syllables,
The wreck of grammar, and the crush of words!"

The scribe being overwhelmed with confusion, and completely dumfounded at this last explanation, I thus continued in the defence: "Although it would require more than ordinary powers of logic to convince a learned writer on *Matrimony*, especially since the late '*blanketing*' match, that

'There's a bower of roses by Chichester's stream,'

or that paragon of industry and kindness (Dr. Willis), who hath recently lost his scarf-skin (Epidermis) in a quarterly skirmish, that the last of the three great cardinal virtues abideth there; nevertheless the noted hospitality of Dr. Forbes, and the really unbounded generosity of his amiable family in *their own dominions* to his numerous crest-fallen guests, redeem all else. Happy (O ter et quaterque beatus) the man who can procure an invitation to one of the Doctor's

CRITICAL GATHERINGS,

and see his four-and-twenty Black birds all in a row. The dazzling splendour of the duumviri of the kingdom of medicine (Forbes and Conolly), at either end of the table, the galaxy of still innocent and harmless youthfulness, the last earthly shade of the wit, and the learning, and the eloquence, and the grace of the Parthenon, here concentrated, embodied, and embodied into one focus, which kindles to a blaze, throws a halo over the scene, taking the reason prisoner, and renders the mind of the astonished and bewildered guest forgetful of all past misfortunes, and for the moment doubtful as to whether his own existence be real or imaginary. The brilliancy of this Æsculapian feast is of no common kind—

Not as in northern climes obscurely bright,
But one unclouded blaze of living light:

and to crown the whole, the elegant demeanour, the suavity of manner, and the refinement of language, exhibited by certain *small* mechanics,* &c., as carpenters, fiddlers, pipers, and tailors, who sit on the President's right, being too rarified for 'ordinary minds' to withstand, render the astonished guest deaf, dumb, and blind to all around, and throw him into a state of 'ecstatic delirium,' in which he is left like Mother Goose's son, to determine whether he has seven heads upon his shoulders, or no head at all. The last of these great 'Gatherings,' however, that was held at the gude town of Communipaw, was signalized by a most unusual display of tristiness and woe-begone looking faces. But of this anon.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE CELLULAR SYSTEM.

PHLEGMON; BOIL; CARBUNCLE; ANTHRAX;
ANASARCA; OEDEMA; PHLEGMASIA DOLENS.

THE cellular system, gentlemen, which we also call cellular membrane, or cellular substance, constitutes the framework of the body; it is the basis of all the organs, except perhaps the hair and the cuticle. Hence you may expect that the diseases of which this system is capable will be met with, more or less, in all the several parts into the composition of which it enters. It is probable that the cellular system is essentially the seat of inflammation, suppuration, serous and other kinds of effusion, and of those several organic changes which lead to the formation of tumours of different kinds. Now, although the cellular system enters into the composition of all the organs, they do not all possess it in an equal quantity or bulk; therefore those changes—those morbid affections of which this tissue is susceptible—do not take place with equal frequency and facility in all parts of the body; and if there be any structure respecting which we entertain a doubt whether the cellular texture enter into its composition, we find it equally doubtful whether such part be liable to the diseases that I have just mentioned. Perhaps the cartilages are in this predicament.—The Latin word *phlegmon*, which is derived from the Greek *to burn*, denotes an inflammatory swelling situated under the skin. In fact, phlegmon is an acute inflammation of the cellular and adipose cellular tissues, which very commonly ends in suppuration; and the abscess thus formed is called *phlegmonous*. I have not any occasion to describe this affection now, because I selected it in order to exhibit to you the nature of inflammation generally. I spoke of the phenomena of inflammation, when in this state, as exhibiting a kind of type, from which a general notion of the inflammatory process might be derived. I shall therefore say nothing more respecting the nature and treatment of phlegmon, which, in its origin and essence, is simply inflammation of the cellular and adipose tissues. The cellular and adipose tissues may be inflamed so as to constitute a tumefaction, without the skin participating in the disease; that is, when

* It may appear strange to some, that vulgar mechanics should be admitted to so sacred an assemblage; but such persons are requested to remember, that in the days of Daphne, the Cumean sibyl, certain artists and mechanicians were employed to collect, dovetail, and arrange the scattered leaves that issued from the grating of the prophets, before they could be deciphered; so Dr. Forbes (who always had an eye to classicality) has provided his artisans in order to collate the fragments of his amiable family, to arrange the misplaced words, false diction, &c., and above all to expunge every particle of phraseology bearing the slightest resemblance to that of BICHAT THE HORRIBLE!

the deeper parts of the system are the seat of inflammation. It is from the active form that the symptoms assume in this acute inflammation of the cellular tissue, that the term phlegmon has passed into common use, as equivalent to acute or active inflammation; although, originally phlegmonous as an adjective, could only denote that kind of inflammation which is seated in the particular parts that I have mentioned.—In the case of phlegmon, we see inflammation attacking a certain circumscribed portion of the adipose and cellular tissues; it is limited to a larger or smaller extent. But the cellular tissue may be the seat of inflammation active in its nature, and yet not attended with that particular circumstance, viz., the boundary or limit which confines it to one spot. More particularly the stratum of cellular and adipose membrane which is seated under the skin, is liable to inflammation from a variety of causes; and the inflammation, when thus produced, is apt to extend in the cellular membrane (as it is continuous over the body) throughout the whole of the parts in which this texture is developed; it will spread readily through the whole extent of a limb, and reach to the trunk. This is *diffused inflammation* of the cellular structure. It is seated in the same tissue as phlegmon; but, instead of being limited to one spot, it wants the circumscribing boundary, and it extends in circumference. Now this affection is generally combined with inflammation of the skin covering the affected cellular membrane. I shall therefore defer the observations that I have to make on this part of the affection till I speak of erysipelas, when I shall mention it to you under the head of phlegmonous erysipelas.

BOIL AND CARBUNCLE.

The cellular membrane is the seat of other inflammations (and of two in particular), in which the inflammatory process is characterized by induration and the formation of partial sloughs. These two inflammations are *boil* and *carbuncle*; which only differ from each other in magnitude—that is, in the quantity of the cellular system which they occupy. The subcutaneous stratum of adipose substance sends numerous small processes, accompanying the blood-vessels and nerves, into the skin. The blood-vessels and nerves that belong to the skin, ramify in the cellular and adipose tissues, and then their branches ascend and pass into the skin itself—those that pass into the skin being accompanied with prolongations of adipose substance; so that, if these textures were dissected minutely, you would find that the skin would appear perforated by an infinity of small openings, which these prolongations of adipose tissue enter. Boil consists in inflammation of one such part of the subcutaneous or adipose tissue. There is a firm but small swelling, of a painful kind, and the skin covering the part assumes a red colour, and presents a pointed projection. The part feels very firm and hard, when you examine it externally, and the inflammatory process embracing the skin, which is a part full of nerves, is attended with very considerable pain; and as this inflammation is seated quite on the surface of the body where the part is liable to be struck or injured, or rubbed, people often experience considerable uneasiness from it. The painful nature of boil is well known, and it has passed into a popular expression—"as sore as a boil." The inflammation does not proceed very rapidly; it will last some days; till at length, on the most prominent point of the elevation, you observe a small yellow pustule formed. The cuticle breaks, and a discharge of a little thick matter takes place; the quantity discharged is not sufficient to produce a subsidence of the swelling, nor very materially to diminish it. This opening enlarges, the discharge becomes more considerable, and you see that a yellow or dirty whitish looking substance is seated in the aperture. This is the slough of the small portion of the adipose substance which is the seat of the disease. In the course of two or three days, the suppuration will have sufficiently detached this small slough, which then makes its way out through the opening. You see a portion, perhaps the size of a pea, come out. It is a softish loose substance, well soaked with matter. This is what

common people call the *core*; and the vulgar, who observe pretty accurately what passes before their eyes, know that the boil will not heal till the core has come out—that is, till this slough of the cellular membrane is separated—and then it will heal very readily. This inflammation very commonly arises from some external irritation of the skin: in persons who have a very tender skin, rubbing or friction, or other external irritation, may produce it. Sometimes a succession of boils forms on the skin after it has been irritated by a blister; more particularly if the blistered surface has been dressed with an irritating application. Or you may have boils formed from some internal cause; and, in fact, there must be some internal cause connected with these occurrences, as it does not often happen that a person has a single boil—one and no more; on the contrary, there is generally a succession; as soon as one is well, another is produced; and thus a person may be plagued with them for several weeks, or even months.

The *treatment* of this affection is simple; in fact we cannot materially control its progress. We are sometimes directed to apply poultices; but people will not usually take the trouble of putting on a poultice for an affection of this kind. The old women say, you should put on a *drawing* plaster, to bring it to a head; and I do not know whether, in this instance, their surgery is not the best; at all events it is the most convenient. You may put on a common adhesive or an ammoniacum plaster and let it remain till the inflammation has advanced sufficiently to separate the slough; when you take it off the slough comes away with it, and then a common dressing is sufficient to complete the cure. If the boil be large, and give the patient much trouble, a poultice may be applied; and if a succession of them take place, you find it necessary to pay some attention to the person's health—to see that the digestive functions are properly performed.

CARBUNCLE, as I have already mentioned to you, is essentially the same affection as boil, only differing in magnitude and situation. Carbuncle forms on the trunk of the body, seldom if ever on the extremities, and in a great majority of instances it is found on the posterior surface of the trunk, on the back, the neck and the shoulders (or the interval between them), or on the loins. Sometimes it attacks those parts of the skin where the texture of the integument is the thickest. A very common seat of it is just below the region of the occiput, at the upper part of the neck. I believe we cannot say that carbuncle will *never* take place on the extremities; in fact, a large boil may be said to be a small carbuncle, and a small carbuncle may be considered as a large boil. It is a question of magnitude. We cannot say that the boil shall confine itself simply to one minute aperture of the kind that I have mentioned, though commonly it does so; in fact, you may have a large part of the cellular membrane involved in the boil; it is, as I have just said, a question of size. We cannot say exactly that a carbuncle is one large boil, but rather that it is an aggregation of boils. It embraces a considerable part of the subcutaneous cellular and adipose tissues; and therefore includes within its action a great number of those cutaneous prolongations. It is not that the slough is one large one, but a carbuncle consists of a great aggregation of these minute sloughs. A carbuncle begins by perhaps a small pimple, or a little hardness under the skin; it begins in a way from which the patient cannot at all anticipate the serious disease that is to follow. Perhaps he has a little pimple just at the upper and back part of the neck, which feels a little sore, but he does not think much of it for two or three days. In the course of a few days more, however, it will have extended to the surrounding parts, so as to have acquired the size of half an orange, or of the palm of the hand; and if the progress of the affection be not limited, it will soon go much beyond these dimensions. You may have an inflammation on the back, perhaps the size of a large dinner-plate. When it is acquired about the size I have mentioned—that of the palm of the hand—you will find that it consists of an inflamed induration of the adipose and cellular tissue, and an inflammation of the skin

covering them. The skin is of a very bright red, generally rough and irregular on the surface, and the subcutaneous tissues are the seat of distention, with induration and irregularity of surface; and under this you feel a hard, solid kind of mass, of uncertain depth—a kind of hard cake of inflamed cellular membrane, which, in circumference, extends considerably beyond the limits of the reddened or inflamed part of the skin. After the lapse of perhaps seven or eight days, the inflamed part of the skin becomes of a very vivid red, and there forms upon the surface of it a number of those minute yellow spots, or pustules, which I described as occurring in the case of boils; and these are in their nature exactly similar. A thick matter escapes from them, which, in the first instance, comes out in small quantities, but which, after the lapse of a little time, exudes much more freely; and particularly if you press upon the part, you find a considerable quantity of matter will issue out of a great number of small roundish openings, in the inflamed part of the skin covering the carbuncle.—Now you will easily conclude, that if the inflammation of a single part of the adipose tissue under the skin, which occurs in a boil, can be so excessively painful as to become proverbial, the increased inflammation occupying so large a part as that which occurs in carbuncle, will be attended with pain of the severest kind. There is a burning pain, a sense of tension or confinement, rendering it extremely painful to the patient to move that part of the body in which the carbuncle is situated: if it be on the occiput, for instance, it is impossible to move the head or neck. This pain is constant, lasting night and day, and totally preventing the patient from getting rest. It is attended with a violent sense of throbbing and pulsation throughout the whole of the mass; and this painful throbbing is by no means confined to the seat of inflammation, but shoots and extends into the surrounding parts. A local inflammation of this very active and considerable kind, will of course be expected to produce sympathetic disturbance of various parts of the economy. It particularly deranges the functions of the digestive organs; it also disturbs sympathetically the circulating and nervous systems; and thus to the local suffering is added that of serious constitutional disturbance of a febrile character;—and in these cases, between the two, the patient is not only in a state of great suffering and pain, but very frequently he gets into a condition of great danger.—Now if we cut through the carbuncle at the period of time that I have just mentioned, we shall find that there is a very large and thick mass of indurated cellular texture under the skin, which has acquired a considerable degree of hardness; it resists the knife in cutting through it as if you were dividing a portion of brawn. There must, of course, be considerable effusion into the interstices of the cellular and adipose membrane, to produce this brawny hardness. It is a solid and firm effusion, an effusion which has the effect of condensing,—not merely of thickening the part, but of hardening it. Throughout the whole of this dense and brawny texture, there are minute particles of matter disseminated; not a deposition of matter in one cavity, like an abscess, but numerous, and very often small, suppurations, the largest of which will not exceed the size of a pea, and the great majority of which are less. Now when you find matter thus deposited in so many parts in the centre of a hard, tough, unyielding morbid growth, you will easily account for that peculiar sense of tension and confinement which characterizes a carbuncle. Frequently, in making sections of the diseased mass, you observe parts of the cellular membrane that have undergone that change which is the precursor of mortification. These have assumed a peculiar yellow appearance. The cellular membrane, before it loses its vitality, turns of a dirty yellow colour, and the parts that exhibit that appearance are sure to slough. The minute apertures in the skin through which the matter escapes in carbuncle, increase in size; frequently it happens that the cellular membrane immediately under the skin sloughs extensively, and that the skin covering the sloughing part undergoes the same process, and perishes also. Thus you have a large mortification formed in the interior of the carbuncular inflammation, and this oc-

currence, which perhaps at the first view to a person who witnessed the progress of an affection of this kind, and was not conversant with its nature, might appear an unfavourable circumstance in the complaint, is the most favourable turn the affection can take. When sloughing thus takes place in the centre of the mass, the detachment of the slough affords an exit for the matter, and will stop the extension of the inflammation in the circumference. The slough which is thus formed is a dirty, loose, ragged, whitish or yellow substance, which comes away soaked with a thick yellow matter. When it separates, a free issue is given to the minute suppurations which are disseminated through the carbuncular inflammation, a clean, granulating surface is produced, and then the parts heal by the natural process of granulation and cicatrization, while the induration and redness subside in the circumference. The sympathetic disturbances which were produced in the economy, are quieted in proportion as the local causes of these disturbances are removed, and the case does well. It often happens, however, instead of taking on this active form, and producing this extensive mortification, that there is a very insufficient discharge of matter through the openings in the skin; in fact, they merely give issue to the suppurations that are seated near the skin, while the deeper seated collections of matter which are dispersed throughout the whole inflamed mass of cellular membrane, are not relieved at all by these openings;—then the inflammation, the induration, and suppuration, which constitute the essence of carbuncle, remain in the circumference, and the disease continues to extend, getting larger and larger, till it attains the size of a plate, or extends as far as the dimensions of the part will allow it. The constitutional disturbance augments at the same time, and you will not be surprised that the powers of the patient give way under such an extension of this formidable disease, and that in fact carbuncle from these circumstances is very often fatal.—I think that the situation I mentioned, immediately behind the occiput at the upper part of the neck, is perhaps the most dangerous one for a carbuncle to occupy. The head generally participates very seriously in the inflammatory disturbance which takes place when a carbuncle is in that situation, and thus it has happened to me to see several instances of carbuncle thus seated terminate fatally, in spite of all the efforts that could be employed. When it is seated on the shoulder, back, or loins, we generally succeed in checking the progress of the affection.

The *causes* of carbuncle are essentially similar to those of boil. It very commonly arises as the immediate result of external irritation; blisters, issues, stones, tartar-emetic ointment, plaister of any kind, or any other considerable irritation of the skin, may lead, in persons of particular constitutions, and under a certain state of health at the time, to the occurrence of this carbuncular inflammation. I knew a gentleman who had a large carbuncle at the nape of the neck, in consequence of having had an irritating plaister applied there. He had consulted a medical person for a pain in the head, who prescribed different remedies for him; among these was a plaister to the neck, to which was added some tartar-emetic powder. He was directed to keep it on for a certain time, and as he was in the habit of following the instructions of his medical attendant, he kept it on, although it gave him great pain. When he came to me, I found that he had got a large carbuncle on the back of the head and neck: he got well of that, but he had another form over one of the scapulae—this was also cured. It is well for you to be aware of these occurrences, because in elderly persons, and in those of impaired constitutions, you should be cautious how you apply irritants of this kind to the skin, and allow them to remain for a considerable length of time. We must not, however, consider in these cases that carbuncular inflammation arises simply from irritation applied to the skin; we must also take into view the state of the constitution of the individual in whom the occurrence takes place. Now the patient whose case I have just mentioned was not more than forty-five, but he had been in the habit of living freely, and drinking a good deal of wine, which had done

his constitution little good; but otherwise he was not much out of health.

Carbuncle commonly takes place in free livers, particularly those who have been addicted to drinking, and have more or less impaired their constitution by such habits of indulgence: it chiefly occurs in those persons after the middle life, when the effects of such habits are more serious on the health and constitution; in such individuals it frequently comes on after they have been labouring for some time under impaired health. We find when carbuncle has taken place, that the person recurring to the state of his health says he has been unwell for some weeks or months—that he has had headache, and been thirsty—that his bowels have been confined—and that his appetite has not been so good as usual.—Now you might naturally expect that local means, particularly the loss of blood, might lead to the resolution of the carbuncular swelling, or might tend to prevent its increase. It is, however, a kind of inflammation which does not admit of being materially checked by measures of this kind. I would not venture to say that the application of leeches for the instant may not have some effect in diminishing the swelling, and checking its progress; but I cannot say that I ever saw an instance in which it produced resolution of the tumour when once the carbuncular character was fully established. I cannot, therefore, recommend this course of proceeding with any confidence as to its power in preventing the occurrence of the disease, or, in fact, in hindering it from proceeding to its full development. There is, however, a mode of local treatment which is fully effectual in relieving the patient at the moment, and preventing the further progress of the disease, at least in a great number of cases. This consists in making a free incision through the whole of the inflamed cellular texture and skin covering it; which incision produces a considerable discharge of blood from the parts, and thus no doubt you relieve the local inflammation—you set at liberty the parts which had been in a state of inflammatory tension, and thus you give immediate ease to the patient. After the performance of this incision, which by the way is very painful, from the parts being in such a sensible state, the patient generally feels easy, and you relieve a condition of the greatest suffering. This incision has the further effect of giving a free issue to a great number of the suppurations that are disseminated throughout the carbuncular mass. Thus it tends to circumscribe the disease, and to prevent the inflammation from extending in circumference. General experience has so fully established the benefits of this plan of treatment, both with respect to its influence in relieving the sufferings under which the patient labours, and in preventing the extension of the disease, that it is now considered an universally admitted practice; and a person might be regarded as extremely ignorant if he omitted to adopt this treatment to its fullest extent in carbuncle. Now you must proceed boldly in this incision; for if you only make a small opening to let out the matter, as you would under ordinary circumstances, you might as well do nothing at all. You must cut through the whole length and the whole depth of the inflamed part; and in doing this, you will sometimes have to make your incision from two to three inches in depth. You must go so completely through it as to cut quite to the base of the cake in the cellular membrane, otherwise you do not accomplish the purpose. If it should require an incision three or four inches deep, it is of no consequence; you must make it; in fact there is no risk of injuring any vessels of consequence, for you do not go deeper than the cellular membrane. In truth, the cellular membrane, in consequence of the induration and swelling, is much augmented and thickened; so that you go no further than the depth of the adipose and cellular tissues; you do not divide any vessels that are beyond the stratum of fat and cellular substance. It is true that sometimes very free bleeding will take place from these incisions; and, in consequence of the indurated state of the substance which surrounds the bleeding vessels, they do not retract—so that you cannot so completely rely on the spontaneous termination of hæmorrhage, as in other circum-

stances. It is necessary, therefore, to bear this circumstance in mind, and not to leave the patient, after an incision has been made into a carbuncle, until you are satisfied that no hæmorrhage of a serious kind can take place. I remember attending a gentleman who had a carbuncle—an elderly man, about 60. He had a carbuncle on the back of one of his shoulders, which I treated by incision, and he got well. He then had a carbuncle at the back of the other shoulder—a larger one—and he did not like to go through this discipline a second time; however he had no choice, the incision was made, and this also got well. I took my leave of him one day, considering he was perfectly well, and I did not mean to see him again. I think it was next day, or next but one, that I was sent for again; he said he had got a swelling under the arm, and upon examination I found a considerable swelling in the axilla. I thought I felt fluctuation, and feared that matter had formed. I was puzzled to conceive how there should be a collection of matter in this gentleman's axilla so soon; only the day before, or at most forty-eight hours, he was not affected, or he had concealed the existence of the complaint. However I was so satisfied that there was matter, that, although the parts were not very hard, I suspected there might be a carbuncle, and I made a deep incision and let out a large quantity of matter, with which also there came out a very considerable slough of the cellular membrane. The parts over this were thickened and tough, and there was a considerable depth divided. After the matter had come out, there was a pretty free bleeding; and upon looking at it, it appeared to me that it was arterial blood. However, I brought the edges of the incision together, and confined them by sticking plaister; the blood then ceased to flow, and I fancied I had managed it very cleverly. I left the patient, and went out to dinner. I dined at a tavern that day; and in the middle of dinner, a young man came in great haste and said his father was dying—that, in fact, it was of no use for me to go, for he would be dead before I could arrive. I did go, however, forthwith; it was some distance—in fact at Pentonville; and when I got there, I found he was considerably reduced by bleeding, and had fainted, which had excited the alarm and idea that he was dying. On examining the axilla, I found that there was free arterial hæmorrhage from the part; but at the same time it was so deep, that I could not satisfactorily find out the bleeding vessel. I tried, in this case, a mode of stopping hæmorrhage which has been recommended as capable of arresting it in all cases where the artery divided is not of large size—namely, a saturated solution of alum. I dipped some lint into this, and confined it in that situation, but it had no effect whatever, and the bleeding went on; at last I was obliged to stop it by getting a large curved needle and ligature, passing them through the skin above where I had made the opening, carrying them through the whole thickness of the tumour, and bringing them out again lower down. I tied a large mass together, and in this way stopped the hæmorrhage.

In the case of a moderate-sized carbuncle—say the size of half an orange—you should cut it straight across, and then longitudinally, so as to divide it into four quarters, and that will give a sufficient issue to the matter and sloughs; only mind, let me again tell you, that you must go deep—through the whole depth of the inflamed substance. You must begin beyond the limit of the inflammation at the commencement of the incision, and go beyond it at the termination, so as to insure that you have included the whole; you will thereby prevent further mischief. But when the carbuncle is large—for instance, when it extends from ear to ear—the crucial incision is not sufficient. You may make the incision the whole length, but then you must make three or four, or more, longitudinal cuts; or you may make a kind of stellated incision, the various cuts meeting in the centre, only take care that you have divided to a sufficient extent the indurated and inflamed mass, so as to give as free an issue as you can to the numerous suppurations that are disseminated through it. After you have done this, you may apply a linseed poultice to the part for one dress-

sing, and then, as your object is to excite and bring on free suppuration, you should dress the incisions you have made with the yellow basilicon ointment, spread thick upon lint—have it spread thick the whole length, and lay it into each of the incisions the whole depth; then cover it over with a linseed poultice. This excites suppuration, tends to bring the complaint to a crisis, and to prevent it from extending in circumference. This is the essential part of the local treatment of carbuncle; but with this you find it necessary to combine some general means—usually a moderate antiphlogistic treatment is proper: active purgatives in the first instance, then occasionally a repetition of milder ones, with perhaps saline medicines, sudorifics, and low diet. You pursue these means till the local and general excitements are lessened or removed. You may find, particularly in elderly persons, in whom carbuncle chiefly occurs, that a state of feebleness or debility will come on before the local complaint is healed; you find the patient, perhaps, after a time, in consequence of these occurrences, with a weak pulse, and other symptoms of depression. Under such circumstances, you must administer tonics, particularly bark, and give a good diet, with wine. I beg, however, to caution you against the idea frequently entertained of its being necessary to employ these means—that is, tonics, wine, and full diet, in the treatment of carbuncle *generally*—because this comes on in persons accustomed to free living, because the patients have been in the habit of taking a pint or a bottle of wine a day, and because the local mischief frequently ends in mortification. From these circumstances the idea has arisen that debility constitutes the essence of the complaint, and therefore that the general treatment should consist in tonics and a stimulating plan. This is a very mistaken notion, and in cases of this disease where you employ tonic medicines, wine, and full diet, at the latter period of the complaint, it is necessary, as in all other instances, that you should watch their effects, and take care that the patient does not carry them too far, nor continue them beyond the necessities of the case.—I attended a gentleman with a carbuncle lately. It was seated on the outside of the neck, just beneath the occiput; it was what we might call a carbuncle of moderate size. It had been partially opened before I saw it, but not so as to give effectual relief. I just made a crucial incision through it, and it was attended with immediate relief of all the symptoms, and the patient went on very favourably. Now this gentleman was fond of his wine—indeed he took from a pint to a bottle a day, using but little exercise. He was, therefore, very anxious to get to his wine and porter; in fact, persons are haunted with the fear of weakness and being too much debilitated, and they pester medical men to allow them to take something to support them. This gentleman had a good appetite, and could have relished his wine; and really sometimes one is prevailed upon to comply with such requests, though it be against his better sense: patients are so importunate, that one allows them to have what they want. One day I told him that he might take three or four glasses of wine, knowing that he had been in the habit of taking a great deal. I did not see him some days, for he was going on very well, and I left him to his usual attendant. I do not know whether he confined himself to that allowance of wine, but he went to business and caught cold: he had a violent relapse of inflammation—a severe attack of erysipelas, beginning in the neighbourhood of the carbuncle; and, in fact, he was confined a fortnight in consequence of this. He was more severely ill than before, and it was found necessary to bleed him; the blood was strongly buffed and cupped. I believe if he had not taken the wine I allowed him, that he would have gone on uninterruptedly towards a state of health.—I have spoken of this affection under the name carbuncle; but you will often find it described under that of *anthrax*, which is a Greek word, signifying *burning coal*; and the word carbuncle, which we have employed, also signifies a precious stone—a variety of ruby. It seems strange that two such names should be applied to this disease.

ANASARCA—ŒDEMA—PHLEGMASIA DOLENS.

The cellular membrane often is the seat of effusion, either of serous fluid, or of something of a firmer consistence, which produces swelling of the part in which it is found—a swelling which, in the case of serous effusion, is soft and inelastic, so that when you make pressure upon the part, it retains the indentation of the finger—in technical language, *pits* on pressure, but in cases of firmer effusion it is an elastic swelling, which does not retain the impression—does not pit on pressure. When effusion takes place in the cellular membrane of the body generally, it constitutes *anasarca*, or general dropsy. When it takes place in a certain part, and is confined to a particular portion of the body, it is termed *œdema*. *Œdema* is a Greek word; it simply means *swelling*—nothing else.

Anasarca, or general dropsy, usually begins in the lower extremities, and gradually extends from them over the rest of the body; but we see this taking place under very opposite states of the system. There is an anasarcaous effusion connected with an excited state of the circulation, essentially, therefore, of an inflammatory nature. We find a general effusion into the cellular membrane, occasionally accompanied with a full and strong pulse, and with a defective performance of the various excretions, particularly those of the alimentary canal, of the kidneys, and of the skin;—it is, in fact, a state of inflammatory action of the vascular system, in which the excretories which open into the cells of the cellular texture are the seat of disease, instead of any particular organs being affected. Under such circumstances we find it necessary to take blood, to purge the patient, and to employ the antiphlogistic treatment generally; to put the patient on low diet; and after having adopted these means, we often find it advantageous to try the use of mercury, with squill or digitalis, and of nitre and supertartrate of potash, to restore the excretions. In this way we get rid of the anasarcaous effusion, when it is of an active kind. Anasarca, or general dropsy, however, more frequently is seen in connexion with those serious organic affections of the viscera, of the chest, or abdomen, which fall under the care of the physician. Here there is a state of weakness as the cause of the anasarcaous effusion; in fact, in surgery we have little to do with such cases. Occasionally, however, we are called to perform a little operation, in order to remedy the effects of the distention of the cellular membrane. The lower extremities sometimes are so loaded with a serous effusion, that the skin is put on the stretch, and seems as though it would burst, and the patient experiences much distress from this circumstance: the penis and the scrotum become the seat of enormous swellings, which sometimes impede the evacuation of the bladder. Here it is necessary to make a puncture, to let the fluid drain off, and partial relief is thus afforded. All that it is necessary to observe respecting this subject is, that it is sufficient to make a single puncture in a limb or part, such as the scrotum or penis, and through that single aperture, if it be in a dependent situation, the whole of the fluid will drain off;—a single puncture not broader than the blade of the lancet, suffices for this purpose. Sometimes people talk of making scarifications in anasarcaous limbs, and accordingly they proceed to make several cuts, and these of some length. This is unnecessary, because the cells of the cellular membrane communicate so freely, that the fluid will all drain off through one aperture; and when these long cuts are made, it not unfrequently happens that mortification ensues, as we also see take place from another practice—an extraordinary one—that of putting blisters on anasarcaous limbs, to draw the water off. I have many times seen mortification arise from that circumstance.

ŒDEMA, like anasarca, may either be active—that is, inflammatory, or passive—that is, from weakness, or you may have various intermediate degrees between these. In active œdema there is generally, or at least frequently, some degree of redness of the integuments, and some sense of heat communicated to the hand; indeed, the patient is aware that the part is hotter than natural. There is a curious kind of swelling which comes under

this head—it generally makes its appearance within a short period after parturition, and is called *phlegmasia dolens*. It is an œdematous tumefaction of the lower extremity of one side, to account for which has greatly puzzled practical persons and pathologists; but of late years some successful attempts have been made to investigate the nature of this affection. Dr. Davis found in one case, that there was a state of inflammation in the large venous trunks of the limb—that the external iliac and femoral veins were inflamed, and that to a considerable extent. This has led to an examination of limbs affected with this disease, and similar appearances have been found in a variety of instances; and in many cases where tumefaction of the limb has gone to a serious extent, it has been found that inflammation in the principal venous trunks of the limb had existed, and there could be no doubt that the swelling arose from that cause. Dr. Robert Lee has shown how it happens that the veins of the limbs become inflamed after parturition. He has shown the inflammation of the external iliac and femoral veins to be the consequence of a change which takes place in the uterus, in consequence of the unfavourable state in which that organ and its appendages are placed at the period of parturition. Thus the veins of the uterus become first inflamed, and the inflammation thence extends to the iliac, and then to the femoral vein. This view of the pathology of the affection has led to the proper mode of treating it, which consists in the application of leeches over the tract of the inflamed vessels, and in the repetition of that measure, with other suitable antiphlogistic means. It is, however, necessary for you, whether in cases of phlegmasia dolens or in cellular œdema occurring under other circumstances, to direct a careful examination to the principal venous trunks of the swelled part—make gentle pressure over them, and if you find by the existence of tenderness that you have reason to suppose inflammation exists, you will be led to the proper mode of treatment by what I have above said.—Some years ago I removed the thigh of a patient in this hospital, in consequence of a compound fracture, and I fancy a vein was tied after the amputation, without our knowing what had occurred; however, the stump went on well, and healed, no particular swelling or symptoms of inflammation taking place in it. But what was very singular, the veins inflamed in the opposite limb, and an œdematous swelling of an active kind—a tumefaction of rather a firm nature, with redness, heat, and pain of the sound thigh and leg occurred. On following the course of the femoral vein with the fingers, considerable pain was experienced by the patient; and on tracing the saphena, a hard cord-like sensation was communicated, which, with the other symptoms, left no doubt that inflammation had taken place, both in the femoral and some of the larger veins of the limb. The case did well under the treatment I have mentioned—the application of leeches, antiphlogistic means, with diuretic medicines, particularly mercury, squills, and digitalis.—Œdema sometimes occurs not perhaps from the direct inflammatory state of the limb, nor anything we can call weakness, but in consequence of pressure on the venous or absorbent trunks. The pressure of a tight bandage will produce an œdematous swelling of the limb below it: general disease of the absorbent glands of the limb, such as the affection of the glands in the axilla of cancer, produces œdema of the upper extremity. The pressure of an aneurismal tumour; the pressure of the pregnant uterus on the absorbents and veins of the lower extremities; these are causes producing œdema of the limbs, and in fact, œdema thus produced cannot be remedied by any direct treatment; it can only be removed when the cause ceases; and in some of the cases that I have just mentioned, we cannot put a stop to the cause at all.—Where a serious injury has been sustained by a limb, such as a bad compound fracture, or a violent bruise, by which the patient has been long confined, and constantly at rest, when he begins to use the limb again and to put it into a depending position, it is not uncommon for œdematous swelling to take place. Under such circumstances

the swelling may be diminished, if not removed, by local friction; either by simply dry rubbing, or friction with a simple liniment, and by local pressure to the part through the medium of plaisters, or a bandage applied to it. These means will be sufficient to get rid of that kind of œdematous swelling which in these cases may be considered as the result of debility. I would only observe in conclusion respecting this point, that we are not to regard the word œdema as indicating the nature of the swelling to which the name may be applied—not to understand that in every case there is a condition of debility producing that serous effusion in the limb which constitutes œdema. Thus you find in many cases that the state of the limb is one of active inflammation, and only in a small number of cases comparatively is it to be considered as a condition of debility.

SPIRIT OF THE MEDICAL PRESS.

MORBID HYPERTROPHY OF THE MUSCULAR SYSTEM.

Two brothers born in the country had remained strong and healthy up to the age of 10 years; at that time they went to work in a very cold and damp village, and their health was soon affected. The muscles of their lower extremities increased remarkably in size; and the whole muscular system partook of the same affection, so that they were both disabled from their work, and were taken to the chief town adjacent, where they were received into the surgical clinique. Hip-baths were employed, but they seemed rather to aggravate their condition. The increase of size of their muscular system went on to an extraordinary degree. One of them died with symptoms of hypertrophy of the heart, (no examination was made after death,) and the other is in the hospital of Incurables at Naples, under the care of Drs. Coste and Gioja, by whom his case is related. He is now 18 years old, and in the following condition:—He is small, and from the absence of the signs of puberty, has the appearance of a child of 10 or 12 years old; the dimensions of his head are, however, in proportion to the size of his body, very remarkable; his tongue is at least one-third larger than in the natural condition; it fills the cavity of the mouth, and is an obstacle to him in chewing; speaking, and swallowing. The masticating muscles are very voluminous; the chest is short, the ribs are rather small; the abdomen, in consequence of the thickness and rigidity of its muscles, and especially from the extraordinary prominence of the recti, is large and hard. The muscles of the head and neck present nothing unusual. Among those of the back, one observes a considerable hypertrophy of the upper part of the trapezius, and of the digitations of the latissimus dorsi and the quadrati lumborum are twice as large as in the natural state. But the most remarkable development is found in the upper and lower extremities. The deltoid muscles are three times as big as usual; and the gastrocnemii form an extraordinary prominence; the tendons of both are thin and hard. The other muscles are hypertrophied in nearly the same degree as the preceding. The bones of the limbs appear to be rather small, and as if they were atrophied, especially at the condyles of the femur and tibia. The forearm and the fingers are passively fixed in the position of flexion, and patient cannot extend either of them. The thighs are in like manner bent upon the pelvis, and the legs upon the thighs, so that the soles of the feet touch the ischia. The feet are so bent that the back of each is in the same line with the outer ankle, and the sole is placed in the direction of the inner ankle. The skin covering the hypertrophied muscles is dark-red, and traversed by varicose veins. The functions of the genital

organs appear to be scarcely developed; but those of the rest of the body are normally performed. The patient is employing iodine, both internally and externally, with some advantage.—*Schmidt's Jahrbucher*, xi. 2. 176; in *Med. Gaz.*

SPASMS OF THE BLADDER.

THE following are the symptoms that characterize it:—One of the foremost is the circumstance that the disease comes on in fits, and the attack is for the most part sudden: the character of the accompanying pain is likewise diagnostic—it is constrictive, corresponding with what is felt in other muscular organs subject to spasm. The pain is usually very violent, almost insupportable; and, during the continuance of the spasm, the peculiar function of the bladder is variously disordered, according to the peculiar set of fibres involved in the morbid affection. For example, if the fasciculi, situated at the fundus and upper part of the bladder, be the chief seat of the spasm, then it often happens that the contents of the bladder are suddenly and forcibly expelled on the first accession of the spasm; whereas, if the disease seizes on the neck of the bladder, the very reverse ensues—the urine is retained so long as the spasm persists. Spasm of the bladder is likely to be confounded with inflammation of its mucous membrane, but the following circumstances distinguish them:—In inflammation the pain is constant, coming on with more of uneasiness than of positive pain, and exasperating by degrees; while in spasm, the seizure is as severe as it is sudden. In the former, the pain has the characters usual in inflammation—it is lancinating and throbbing; whereas in the latter, it is, as we have already observed, constrictive, resembling, in fact, labour-pains—for these also result from the spasmodic contraction of the muscular fibres of the womb in promoting child-birth. In both there usually is retention of urine, but the cause in each case somewhat differs; in spasm, seated about the neck of the bladder, the spastic contraction of the sphincter vesicæ prevents the urine from being evacuated; in inflammation of the same part, on the other hand, it is the tumefaction of the mucous coat and subjacent cellular membrane that is the cause of the obstruction. A distinction between spasm and inflammation affecting the bladder, may be partly deduced from the age of the patient, corroborative of other more positive indications, seeing it is the young and robust that are most liable to be attacked by inflammation, and the aged, the nervous, and debilitated that are most subject to spasm. The colour of the urine in the two cases is likewise a diagnostic; since in the former disease it is red and high-coloured, while in the latter it is watery and pale, especially if there be no organic affections at the same time, in either the bladder, uterus, or kidney.—*Coulson on the Bladder. Second Edition.*

ON THE USE OF THE STARCHED BANDAGE.

OUR readers are no doubt well aware that for some years past, the use of what has been called the *bandage amidonné*—which is nothing but a calico bandage or roller wetted in a strong solution of starch and then applied in the usual manner round a limb—has been extensively adopted on the Continent in the treatment of fractures, more especially in military practice. It is to M. Seutin, one of the leading surgeons of the Belgian army, that we chiefly owe its recent introduction. Whether there is any truth in its having been used by *Chesselden*—as the national pride of England, M. Seutin says, has thought fit to assert—we really don't

know. But even though there be, there cannot be a doubt that our author deserves well of his professional brethren by his able and zealous recommendation of the practice. Already has it been extensively adopted in France and Belgium; and so highly is it thought of in Russia, that all the military and naval surgeons there have been ordered to be instructed in its use, and to adopt it in their practice. M. Seutin has recently addressed a letter to the Royal Academy at Paris, with the view of pointing out the various surgical maladies in which he has used his *bandage amidonné* with useful effects. He instances false articulations, section of tendons, sprains and luxations, white-swelling, and other tumours, spontaneous dislocations, necrosis and caries of bones, and various affections of the joints. To these he adds hernia in young children, varices articular rheumatism, the tremour of stumps after amputation, and after the excision of the diseased parts in such cases as cancer of the lip, &c. The following are the advantages enumerated by M. Seutin of the *bandage amidonné* in the treatment of fractures.

1. It is at the same time a removeable and an unremoveable apparatus.
2. It exerts a circular compression round the whole limb, by which a more exact apposition of the fragments is maintained than by other means.
3. It enables the patient to move about with the assistance of crutches.
4. It allows a free exit to the purulent discharges in cases of compound fractures.
5. It is light and not cumbersome, and applies itself closely to the limb.
6. It is easily cut and taken off, when its removal is necessary.
7. Its materials are cheap and are to be had everywhere; hence it is exceedingly well adapted for military service.
8. By merely moistening it and squeezing it between the fingers, it may be adjusted, after it has been once applied, at any particular point where it may happen to lie unsmoothly and cause undue restriction.
9. In some cases where it is desirable to have it as soft and pliant as possible, it will be useful not to moisten with the starch mucilage the internal surface of the bandage.
10. It permits any position of the limb, either of flexion or of extension, and also the movements of the joints towards the close of the treatment, for the purpose of preventing ankylosis.—*Gazette Medicale.—Med. Chi. Rev.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 28th March, 1840:—

Epidemic, endemic, and contagious diseases	107
Diseases of the brain, nerves, and senses	146
Diseases of the lungs, and other organs of respiration	303
Diseases of the heart and blood-vessels	16
Diseases of the stomach, liver, and other organs of digestion	67
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	14
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	1
Diseases of uncertain seat	102
Old age, or natural decay	82
Violent deaths	24
Causes not specified	

Deaths from all causes

TO CORRESPONDENTS.

A DRESSER.—It is sickening to contemplate the abuses of our medical charities;—those abuses originating in small beginnings, have now fearfully accumulated. The amount of benefit they confer is shamefully disproportioned to their means; efficient attendance is not afforded to the truly necessitous; and deep injury is inflicted on the general practitioner by extending the privileges of the institutions to unworthy objects, who are well able to afford adequate remuneration. In this latter respect, there is yet another evil—the injudicious system of relief at our hospitals and dispensaries, is a kind of premium on pauperism, no less degrading to the character of those who obtain it, than unjust to those whose necessities render assistance their right. The instruction of the rising generation of medical men, is too commonly a mere mockery—let the public remember that in this they are deeply concerned, for under the present vicious system of professional education, they have but slight guarantee of the efficiency of those who they may call on for relief in the hour of sickness and suffering, and if those they confide in be unequal to their task, how fearful may be the injury occurring from incapacity. The interests of the public, no less than those of the profession, call imperatively for reform. Therefore it is we so strenuously exhort the public to join with the profession, in an urgent demand for the revival of our present institutions, and the reform of the abuses with which they are fraught.

EDINBURGH.—A short time since the editors of the widely circulating 'Chambers' Edinburgh Journal,' debauched their columns by the admission of the gross puffs of the ear-quack, who has been so largely helped in his inroads on the credulity and pockets of the public, by the Sun London evening paper. A few weeks after—perhaps finding that the gross sin against their professions of honesty had not passed unresented by their purchasers—the following appeared as an excuse for the mistake: "We may state, that we, some time ago, and with the best intentions, copied a paragraph from a London newspaper, purporting to describe some remarkable cures in deafness, performed by a doctor of medicine, whose name was mentioned, and which we are now satisfied had been originally put in circulation as a quackish puff. The very vile practice of which nearly all newspapers are guilty—of inserting paid puffs—renders it extremely difficult to know what is true from what is false, in our public prints. In future, we shall endeavour to be more cautious in quoting any piece of information." In the face of this, Messrs. Chambers have again insidiously puffed the self-same quackery. May we ask their price?—No doubt Morison, the man-poisoner, would pay it from his blood-stained hoard.

A. A., who asks about Sir Astley's appearance, may take Dr. Gibson's description, which is true to the letter. Imagine a tall, elegantly formed man, moderately robust, with a remarkably pleasing and striking countenance, red, and fresh as a rose, apparently about fifty-eight or sixty years of age, but in reality, beyond seventy, very agile and graceful in all his movements, simply, but handsomely attired, with the ease and vivacity, and cheerfulness of a youth, with few or no marks of age, except a head as white as the driven snow, and you will be able to form a very just conception of the appearance of Sir Astley Cooper.

DELTA.—A letter by post.

A. B.—We should be glad of permission to attach his name to any future communications he may favour us with.

MR. TAYLOR is thanked, but in the present instance the report is not required.

MR. CRISP's letter gave us some surprise, as the Journal was sent as usual. We have made inquiry into the cause of delay, and will prevent its recurrence.

DR. GOODWIN's note received. The Journal shall be punctually sent.

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OF THE

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THE MEDICAL TIMES.

ANOTHER MURDER BY MORISON,
THE QUACK.

SUCH is the constitution of humanity, that whatever becomes familiar, is apt to be disregarded or misunderstood; and things in themselves hideous or disgusting, by frequent contact, fail in exciting the abhorrence which they are naturally calculated to produce. Thus, while we find the ponderous and costly machinery of the law exerting all its powers for the discovery and punishment of the most trivial offences against the conventional rules of society, we see, in the same country, at the same period, and entirely unchecked by the law, the highest of all crimes against nature—the sin which by the laws of God and man has ever been held the blackest and the worst; the injury for which no atonement can be made to its unhappy victim—the crime of MURDER, passing almost unheeded, and entirely unpunished. Stripped of the flimsy veil with which carelessness, by the frequency of its appearance, has cast about it, the reality almost passes belief. The unhappy wretch whom circumstances has stripped of his birthright—who trailing hopeless, helpless, friendless, all day among the riches and abundance of this great city, crouches his starving body under the eider of some door-post for a moment's sleepy forgetfulness of his cares and wants, is cast into prison, that he be punished for his poverty—that disgrace may still further embitter the cup of misery—that vagabond may be branded upon the back of want. But the insidious murderer, who has money in his purse, buys with his gold the columns of the newspaper press, that he may spread his specious lies and forged certificates before the credulous million. Accustomed to consult the newspapers for facts and information, the constant repetition of the lying quackery at length conveys an impression to the reader's mind that "there must be some truth in it." This is the required effect—the object of the scoundrel-quack is gained—the nostrum is paid

for. The victims are poisoned—but their murderer drives his carriage. As we suppose it is only by bringing instances, ungainsayable facts, tangible realities, under their very eyes, that the public can be awakened to a proper sense of the benefits they derive from permitting that tender-hearted monster, quackery, to go on its own way, unmolested and unchecked, we lose no time in recording the following case, in addition to the many which have preceded it, of death from Morison's pills, as proved in a legal court. The present formed the subject of investigation by Mr. Gell and a Coroner's Jury on Saturday last:—It appeared that the deceased, a young man, by name Mallins, had for a period of nearly fifteen years been occasionally indisposed by attacks of rheumatic gout; and that for the last three or four years he had been in the constant habit of taking Morison's pills. Mr. J. Leonard, surgeon, stated, that when he was called in, he found his patient in a state of great exhaustion with a feeble pulse; on being questioned, the latter confessed his habitual use of the pills in question: everything was done for him, but to no avail. On a post mortem examination, the stomach was found in a highly inflamed state. The death of the patient was evidently the consequence of exhaustion produced by excessive purging. The Coroner put the question—"In your opinion, did the pills which the deceased took cause the purging which ended in death?" Mr. Leonard—"Decidedly so; the inordinate introduction of so acrid a matter into the stomach would occasion the purging." Mr. Bainbridge, another surgeon, corroborated the foregoing testimony. The Jury returned a verdict, "That the deceased died from the effects of taking Morison's pills."

THE NAVAL AND MILITARY COMMISSION.

THE Report of this Commission has at length appeared, and the following are its recommendations with reference to Medical Officers.

Army.—Rank of Assistant-Inspector to be abolished. Staff-Surgeons to have the pay and half-pay, and the comparative rank with other officers of the army, now enjoyed by Assistant-Inspectors; making also the rank of Staff-Surgeon the regular intermediate step from that of Regimental-Surgeon to that of Deputy-Inspector. Assistant-Staff-Surgeons to be divided into two classes, allowing the first class the rank and pay of Regimental-Surgeons. Medical Officers retiring after 25 years' service, to have the advantage of the reduced, instead of retired scale of half-pay. Staff Officers attached to an army in the field, to have the services of a soldier servant; and when not employed in the field, to receive, as compensation for the services of a soldier, an allowance not exceeding one shilling a day.

Navy.—Officers, with respect to rank and pay, and additional pay for length of service, and also with respect to half-pay and retired-pay, to be placed on a scale more nearly corresponding to that assigned to Officers of the Army Medical Department than the present; but the benefit of any new regulation in this respect, not to be extended to any Medical Officer upon half-pay, nor to any Medical Officer who may hereafter come upon full-pay, until he shall have served upon some station for a period to be prescribed by the Board of Admiralty.

RUPTURE OF THE STOMACH.

M. P., æt. 17, a few months since became dyspeptic, having previously enjoyed good health. The symptoms of which she complained, when I first saw her, were, pain in the left hypochondriac region, greatly augmented upon taking food, a sensation of sickness not amounting to vomiting, flatulence, sour water rising into the mouth, &c. &c.; these were removed by gradually augmented doses of hydrocyanic acid. The carbonate of iron was then administered on account of the debility which remained. One afternoon, having taken exercise during the morning, she experienced an unusual return of pain in the left side, the pressure of the stays could not be borne; they were unloosed, and the patient laid down on the bed for two or three hours. Becoming alarmed at the unusual severity of the attack, she got up and went down stairs, to tell some one to get relief for her, otherwise she should die. When I came she said that the pain had left her side, and was situated at the lower part of the abdomen. There was pain on pressure, an anxious cast of countenance, a quick feeble pulse at 120, intolerant thirst, the tongue was coated with a brownish fur down the centre. Leeches, and full doses of opium every hour, were prescribed; when the leeches came off there was a subsidence of pain, but the patient evidently grew worse, and died 14 hours after the first attack, of peritoneal inflammation. As peritonitis seldom carries off a patient so soon, the cause of death remained a mystery, until revealed at the post mortem examination. Upon cutting through the abdominal muscles, a quantity of air rushed out, together with a fecal looking fluid; about a quart of this was spunged up from the pelvic cavity and surrounding the intestines. The source from whence this fluid emanated was found to be the stomach; an aperture caused by ulceration existed in that organ, large enough to admit the top of the little finger. Around this ulcer there was great induration, and the edges of it were perfectly smooth. It is next to impossible to tell during life whether the stomach has ruptured, such an occurrence can only be guessed at; peritonitis is usually set up at the lower part of the abdomen, on account of the contents of the stomach issuing through the aperture, and gravitating to the dependent parts. The inflammation could not be subdued, because there is a local cause present, constantly renewing and keeping it up.

A. B.

In the HOUSE OF COMMONS on Friday, April 3, Mr. Hodgson presented a petition from the medical practitioners of Leeds, praying for Medical Reform.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, April 2:—Joseph Brooking, Ayre; George Hughes, Whimpser, Tillingham; Alfred George Roper; Thomas Gray, Louth, Lincolnshire; Thomas White Mann, Holloway; Richard Denny Larke, Brooke, Norfolk.

We hear that Dr. Macreight, the Lecturer on Materia Medica at the Middlesex Hospital, has resigned, and that it is the unanimous wish of the students that Dr. Steggall should fill the vacant chair. We trust the Governors will coincide with their wish; Dr. Steggall is eminently qualified for the situation.

The ceremony of laying the first stone of the new wing to St. Thomas's Hospital took place on Wednesday, the 1st instant. Sir John Cowan performed the prominent part.

The plague continues to rage fearfully in Alexandria, defying the skill of the native physicians.

REMARKABLE CASE, ILLUSTRATING THE IMPORTANCE OF MEDICAL EVIDENCE.

COMMUNICATED TO THE 'MEDICAL PRESS' BY DR. BULLEN, OF THE CORK INFIRMARY.

At the Cork Spring Assizes of 1838, two brothers of the name of Callaghan, were tried before Sergeant Greene, upon a charge of having violated, and otherwise abused a woman of the name of Sarah Fleming. A report of the trial is copied from the *Cork Southern Reporter*.

Patrick Callaghan and Michael Callaghan, brothers, were given in charge—the first, with others unknown, for having, on the 22nd of September last, forcibly and against her will violated the person of Sarah Fleming—the other for having aided and assisted in the perpetration of the act. The trial excited much interest, the accused, residents of Mallow-lane, being persons of respectability.—Mr. George Bennett, Q.C., having briefly stated the nature of the case.—The prosecutrix, a low-sized, middle-aged, and tolerably well-looking person, was produced, and examined by Mr. Bennett. She stated that she was married, had a child in the House of Industry, and two others, (girls) elsewhere—that she had a sister in Clonmel, where she had herself lived with Sir Hugh Gough, of Harbarton. She had been acting in the capacity of nurse-tender in the North Infirmary, from which place she was returning on the evening previous to the morning of the alleged outrage, when, on North Bridge, she was accosted by a man, who said—"There is not a part of Cork that we have not looked for you in—we were at the house when your girl met with the accident. Your sister was coming from Clonmel, and she got bad on the road, and we shall look for her." Hearing this, the witness accompanied the man to Blackpool, and the Watercourse, and he entered a house, from which returning, he said "she is not there." He then asked her to take some refreshment, when she refused, when he said he was as great a stranger as herself. They walked together until they arrived at Mallow-lane, when the clock having struck twelve, she became alarmed and said, she wished to be at her lodgings. They then went into Dominick-street, where they remained, with their backs against the wall, about half an hour. During all this time the man's language was proper. A woman then came up and said, "Is that Bill?" to which the man replied, "This is my sister," adding, "this woman (witness) wants to sleep with you," and she said, "Yes, and welcome." They then whispered something to each other. The man asked the woman if she had any money, and she replied she had not any. The clock struck one, when another man came up, and they whispered together. They soon made off, and arriving at a lane near Dominick-street, the first man pushed her in, upon which two other men came up—one of them disguised with a cap, which nearly covered his face. She thought of the Callaghans at this time, one of them being lame. Becoming alarmed, she clung round the first man, when Patrick Callaghan knocked her down. Here the prosecutrix described the outrage, which, she said, was participated in by all three, but the details are of so disgusting and horrifying a nature that we decline publishing them. She swore that, not only had the prisoners committed the offence charged, but that they subsequently treated her in a manner the most brutal, (describing it,) and she identified Patrick Callaghan with the alleged outrage, from the fact of the cap falling off his face during its perpetration. She swore that they tied her up to the wall, leaving her exposed, and that in that state she was found in the morning—that she had lost her senses, which did not return to her until she found herself in the Infirmary. In cross-examination by Mr. Copping, she said that she had lived in Cork, Middleton, and other places, and admitted having acted improperly with three different men. Her assailants had returned to her three times, and at each had inflicted injuries upon her (not publishable, from their disgusting character). The present was the third time she had appeared against

the Callaghans in a court of justice—the first time was upon the occasion when she prosecuted Patrick for an assault upon her daughter, a child of eleven years old, when he was convicted, and sentenced to six months' confinement. She had been offered money as an inducement not to prosecute, but she refused it. The next prosecution was for an assault on herself, at Mallow-lane, when they were acquitted. Her ill-will against them was greater than that entertained by her against the learned counsel. She cannot recollect having said she would never forgive herself if she had not the life of one of the Callaghans. Upon one occasion since she left the Infirmary, she had a conversation with a person named Foley, who lodged in the same house with her in Grafton's Alley. They were playing at cards, when he made a proposition of ill-using her daughter as Callaghan had done, upon which she became so affected that they struck each other. She denied having told Mrs. Leary, at whose house she lodged, that she would be revenged on the Callaghans. During the assault upon her she neither screamed nor bawled: she could not do either, as they fastened a rope round her neck, and stuffed her mouth with hay. She told constable Robinson, of the police, the whole story in the Infirmary. She did swear an assault against the Callaghans; the jury acquitted them, and she could not help that. Her husband is dead thirteen years. To the Jury—She had never walked with a man in the streets of Cork at so late an hour before.—Nicholas Duggan, in reply to questions by Mr. Pigott, said that, upon the morning in question, between four and five o'clock, he was proceeding from his own house to that of Thomas O'Brien, near the weighhouse, and on arriving at the corner of a lane leading to the Sand-quay, he saw the prosecutrix in the position described in her own evidence—that he met a woman lower down in the lane, whom he begged, for God's sake, to relieve the prosecutrix from the state in which she was. When released, she whispered the woman to send for Sergeant Robinson. She handed a stick to witness, which she desired to be given to Robinson. Constable Robinson described the condition in which he found the prosecutrix, on the morning of the 22nd September. He had her removed to the Infirmary. The witness took down her statement, which she made immediately on reviving, and which differed in several material points from her evidence to-day. The witness immediately after, 7 o'clock, went to the house of Patrick Callaghan, at which he knocked for 15 minutes, but could not get in. He had not been knocking 5 minutes, when he saw a person drawing the screen of one of the windows; and when the door was opened, which was after the lapse of half an hour, he entered the shop, and saw the two Callaghans in it. Patrick appeared pale and frightened. He took them into custody, and gave them in charge to the police. One of the brothers said—"I suppose this is Sarah Fleming again!" Witness searched the house, and found a case of pistols and the lock of a pistol, which he took away. Dr. Howe described the state in which Sarah Fleming was when taken to the Infirmary. From this gentleman's evidence, as well as from the certificates of Drs. Evans and Hovenden, both since dead, it appeared that no indication of violence to justify the charge of violation had been discovered; upon which the Crown gave up the prosecution, and a verdict of acquittal was instantly returned by the Jury.—Mr. Sergeant Greene said that the prisoners were now discharged, without the least imputation, as arising out of the present charge, resting on their characters.

When this woman was brought to the North Infirmary, on the morning of the 22nd of September, she continued for some time in a state of apparent insensibility. Her mouth was stuffed with a quantity of dry grass, and a piece of cord was firmly tied across it in the manner of a gag. On her chest were slight contusions, and the wrists were firmly bound together with pieces of thick whip-cord. On removing her clothes, the neck of a common black bottle fell from between her thighs upon

the floor. When questioned, after some time, as to the cause of being found in this situation, she told pretty nearly the same story as detailed at the trial, with some particulars which did not appear in the evidence. She said, that after each of the three Callaghans had violated her, they forced either a stick or some other hard substance, and afterwards the neck of a common black bottle, into the vagina—that they stuffed her mouth with grass, and gagged her, that they bound her wrists together, and having tied her clothes over her head suspended her by cords from the railing of the window, where the watchman found her. Dr. Howe, under whose care she was placed, made a strict examination of her person a few hours after her being brought into the hospital. There was no marks of bruises upon the thighs, nor any appearance of violence about the pudenda. Considerable indentations had been left about the wrists where the strings had been tied, and when a hand was applied to the contusions on her chest, she screamed, and appeared to suffer great pain. She expectorated bloody saliva in quantity, and with consummate art developed the several symptoms, which may be expected to follow the injuries she pretended to have received. During the day her depositions were taken, and the Callaghans were committed to prison. Dr. Howe distrusted her story from the commencement, but the consistent and collected manner in which she told her dreadful tale produced a strong impression in her favour on the minds of many, and the extraordinary facility with which she simulated the appearance of disease, and produced the symptoms of febrile action, seemed for a time to give some probability to her statement. To throw her off her guard, it was resolved to seem to place implicit reliance on the truth of everything she said, and to treat her with the greatest commiseration. Impostors of this description always overact their parts, and so it was with this wretched woman. About ten days after her being received into the hospital, a little before the hour of visit, a stream of water was seen flowing from under her bed: on being asked what was the matter, she said “she had lost all power over her bladder, having felt it torn when the Callaghans forced the bottle into her body.” Dr. Howe immediately passed a catheter into the urethra, and making an examination, per vaginam, found the parts in a natural and healthy state. Two days after this occurrence, she began again to expectorate bloody saliva, spitting upon the floor, so as to attract attention, and complained of severe pain in the chest, the consequence, she said, of the injuries she received the night of the assault. Her mouth being examined, it was evident that her gums had been scratched, and that the bloody saliva had been produced by sucking them. She was now taxed with deceit, and accused of having invented a false and horrible tale, with intent to swear away the lives of three innocent men. She listened with an air of calm resignation, and replied, with gentleness, “God forgive you, gentlemen, wait awhile, and you will see how you wrong me.” That night, when it became dark, she found her way into the Lock Ward of the infirmary, from whence she was turned out by the nurse-tender. The evening after I paid a late visit to the hospital, and missing Sarah Fleming from her bed, I searched for her, and found her again in the Lock Ward—being asked what she wanted there, she appeared much confused, and made an equivocating answer. These apparently trivial circumstances deserve attention from what afterwards occurred. In a week after, having been reproached as an impostor, and subsequent to her nocturnal visits to the Lock Ward, she re-

quested Dr. Howe to examine her, as she felt some soreness about the vulva. He did so, and found venereal chancres apparently in the first stage of formation—hearing the character of these sores pronounced, the miserable woman triumphantly exclaimed, “See, gentlemen, how you wronged an innocent woman—as God may judge me, I got this disorder from the Callaghans the night they assailed me.” Information of this circumstance was immediately conveyed to the prisoners, and they were examined by the late Dr. Evans, who gave a certificate that neither of the three brothers presented the slightest trace of the venereal disease. It was not possible to obtain any positive proof of this woman’s having procured the venereal virus from some of the patients in the Lock Wards of the Infirmary, and thereby infected herself for the purpose of substantiating the accusations she brought against the Callaghans: her conduct, however, after the trial, showed that this wicked woman could be guilty of any act which she thought likely to support the tissue of falsehoods she had invented, to gratify her revengeful malice. It must also be borne in mind, that Sarah Fleming had been for some time a nurse-tender, both at the House of Industry, and in the North Infirmary, where she must have gained a knowledge of the habitudes of diseases, and the modes of producing them, which could not have been acquired by a woman in any other walk of life. On the trial, Sarah Fleming gave her testimony in a calm and collected manner, and the material points of her evidence were not in the slightest degree shaken by the cross-examination of counsel. The more revolting and horrible the accusation the more readily did it appear to gain credence with the greater number of persons in the court, for it was easier to conceive the prisoners guilty of the crime imputed to them, than to suppose the woman deliberately fabricating such a connected train of fearful circumstances, planned with the intention of destroying the lives and characters of three innocent men, and exposing herself to the serious punishment that awaited the detection of her impostures.—In this case also, the testimony of the watchman and police constable corroborated the story of the prosecutrix. Persons of this description generally give their evidence with a strong colouring to favour a conviction; and the agitated manner of Patrick Callaghan, when arrested in his house, was pointedly put forward by the witness as a proof of guilt. The prisoners did not come before the court with unblemished characters. One of the brothers had been convicted and imprisoned for six months for a felonious assault on the young daughter of the prosecutrix. Their acquittal was owing to the fact, that their accuser, from the moment of the alleged outrage, had been placed under strict medical inspection; and their lives would have been forfeited had it not been for the evidence of Dr. Howe. After the trial, Sarah Fleming was committed to the city gaol, upon an indictment for perjury.—In the May immediately succeeding the March Assizes, I undertook the medical charge of the prisoners in the city gaol for my friend Dr. Nugent, who had gone to London, as one of the deputies from the medical practitioners of Munster, to watch the progress of the medical charities’ bill, then before parliament. I found Sarah Fleming, in the infirmary of the prison, confined to bed, in consequence, as she boldly asserted, of the injuries she received the night she was assailed by the Callaghans. When she was informed that she was to be placed under my care, she broke out in the most violent invectives—heaped upon me every reproachful epithet, and cried, “That as I had helped to ruin her cha-

racter in the North Infirmary, I was now come to persecute her to death in the prison.” After some days, I saw that she was really ill, and with some difficulty succeeded in calming her indignation. She seemed to be suffering under some very severe abdominal disease. There was great swelling and tenderness of the whole belly, but, more especially, above the pubis. The stomach was extremely irritable, immediately rejecting everything she swallowed. Her pulse 130, and very small—tongue foul and parched—skin hot and dry. With all these palpable indications of disease, her manner led me to distrust her. I asked to see the alvine evacuations, which, fortunately, had been kept, and found them perfectly natural. On seeing me smile, she said quickly, “You may smile, but look at my urine.” The urine was abundant, but heavily loaded with ropy mucus, and deeply tinged with blood. In the bottom of the chamber-pot was a very curious looking sediment, which I found to consist of powdered mortar and ashes. I inquired if she was menstruating, and found she was not; but the nurse-tender told me there was a discharge and smell from the vagina of an extremely offensive character; her linen was marked with a mucopurulent discharge. The appearance of the urine was both perplexing and suspicious. From the quantity of ropy mucus and blood mixed with urine, together with the swelling and extreme tenderness on pressure over the pubis, I could not fail to recognise an inflamed state of the bladder; but, at the same time, the admixture of the powdered mortar and lime had been evidently done with the intention of deceit. This combination of true morbid symptoms, and palpable efforts to give a deceptive character to the urinary discharge, induced me to adopt some rigorous precautions before venturing on any active course of treatment. I directed her bed to be placed in the centre of a large room, removed from the walls and fireplace. I ordered her to be closely watched, and that all her discharges should be carefully removed the moment she passed them, and kept for my examination. The next day I found Sarah Fleming alarmingly ill—the tension and pain of the abdomen had much increased—she could not bear the slightest pressure over the pubis, and the discharge from the vagina was much increased and very offensive. In spite of the most determined resistance on her part, I made an examination, per vaginam, and found the vagina completely blocked up with a large solid body, which, with much difficulty, I extracted, and found to be *a large rough paving stone!!!* This miserable victim of her own wicked arts turned to me, and exclaimed, “God forgive you, that is the stone the Callaghans forced into my body, and the doctors at the Infirmary could not make it out.”—My friend, Mr. Dillon, Demonstrator at the Royal College of Surgeons, Dublin, had accompanied me that day to see the prison, and assisted me to remove the stone, which weighed seven ounces. It must have been lodged for some time in the vagina, as it was thickly coated with a white calcareous incrustation, and layers of thickened mucus. For more than a week this woman’s life was in imminent danger. High inflammation of the uterus and coats of the bladder, involving the peritoneum, took place, accompanied by deep ulceration and sloughing of the mucous membrane of the vagina; and, for some days, I was apprehensive the case would terminate in recto vaginal fistula.—I may remark, the infirmary of the prison opened into a garden, to which the invalided prisoners had access, and in which were heaps of stones of the same description as the one removed from this woman. During nearly three months that Sarah Flem-

ing remained under my care, she continued to simulate a variety of diseases with a perseverance, and a fidelity of execution, that excited my amazement. Her intention was evidently to multiply proofs, that the several ailments under which she appeared to suffer, were the results of the injuries inflicted upon her person by the Callaghans, and of the injudicious treatment adopted by her medical attendants. At the ensuing August assizes, Sarah Fleming was tried before Baron Richards for perjury, convicted, and sentenced to transportation. Mr. Murphy, the governor of the city gaol, informed me afterwards, that, from the moment of conviction, the demeanour of this woman became completely changed, and that the report of her conduct on the passage to New South Wales was very favourable.

CHEMISTRY AND PHYSICS.

POLYCHROMIC ACID DYE FROM ALOES.

THE resin of aloes, submitted to the action of nitric acid, engenders several products, among which is a tinctorial acid, producing so many and such opposite shades of colour on wool and silk as to entitle it to the name of *Polychromic acid*. Aloetic acid, first noticed by Braconnot in 1808, has been the subject of many experiments in the dye-house of M. Bouton. By washing, and other means, which will be found detailed in the report of the *Académie des Sciences*, the aloetic acid acquires a fine red colour. It forms saline compounds with vegetable and mineral alkali, from which it may be precipitated by chlorhydric acid. In this last form it is called by M. Bouton, *Polychromic acid*.

PHENOMENA OF CALEFACTION.

At a recent meeting of the French Academy, a memoir of M. Boutigny was read on this subject. Drops of water, projected in succession on metallic plates, heated to their extreme point, instead of evaporating, retain their spherical form like globules of mercury on a marble slab, and these drops will thus remain, without evaporating, so long as the high temperature is undiminished. Up to the present hour no very satisfactory explanation of this fact has been given. Eller first announced it without explanation, in the *Memoirs of the Academy of Berlin* in 1746. Klaproth, in 1807, repeated the experiments of Eller with no better result. Runford made an essay which induced him to affirm that the drop of water under the circumstances in question, had the power of reflecting the heat, and preventing its penetration into its interior. He blackened the inside of a tea-spoon over burning oil, and then heated it. After having placed in the bowl a drop of water, he exposed it to so high a temperature that he could not hold it in his fingers, yet the drop of water was not heated. M. Pouillet explains this phenomenon by the facility with which radiant caloric, from intensely heated surfaces, traverse liquids, without imparting any part of its substance. That gentleman heated a platina crucible to the white heat, and half filled it with distilled water, which remained a quarter of an hour with scarcely any perceptible diminution, but water impure or blackened with ink, or powder of charcoal, evaporated rapidly. In the latter case the caloric being intercepted, seems to have been absorbed. Other observations, made by M. Lechevalier, show that in the above experiment, if the crucible be removed from the fire and suffered to cool down below the red heat, there is a point at which the ebullition suddenly takes place, and the liquid is rapidly transformed into vapour.

ACTION OF ALUM ON BEETROOT.

AMONG the chemical prizes of the *Société d'Encouragement*, was one of 2000 francs to M. Boucher, for improvement in the making of beetroot sugar, and for performing the several stages of refining without taking the sugar out of the mould. To this gentleman we are indebted for a valuable improvement in the defecation of the juice of beetroot by the addition of 18 parts of alum to 1000 parts of the liquor, which enables him to diminish the quantity of lime heretofore used. Hitherto lime only was employed in sufficient proportion to destroy the pectic and malic acids, which by their presence rapidly diminish the quantity of chrystallizable sugar, by converting it into the unchrystallizable or grape sugar. The proportion of lime varied from 2 to 10 parts in 1000, according to the species of the beet; and the quantity was determined by previous experiments on small portions of the juice. But lime has been often found inconvenient, inasmuch as an accidental excess destroys one portion of the sugar while it produces an unpleasant flavour, and another portion is rendered by it unchrystallizable. Saccharate of lime is formed, but this is partly decomposed by acetic fermentation produced in the boiling of the syrup, and also by the succeeding percolations through animal charcoal. Another inconvenience from the use of lime was the liberation of potash from the decomposition of the malate of that salt which naturally exists in the beet. These two substances, therefore, the saccharate of lime and the potash, required to be eliminated, which after filtration through the charcoal, is effected as follows:—Two parts of carbonate of ammonia are to be added to 1000 parts of the defecated liquid, by which the lime is converted into the carbonate, or chalk, and the pure ammonia is volatilized in ebullition. When, by boiling, the liquid has reached the period usually fixed for the second filtration through the animal coal, one part of sulphate of lime, or native plaster of Paris, mixed with a sufficient portion of water, is added to 1000 parts of the liquid: by this means the carbonate of potash is converted into an insoluble neutral sulphate, and the lime taking the carbonic acid becomes chalk. The coal, in the subsequent filtration with the new compound or neutral sulphate of potash, which being little soluble in water, is precipitated; the carbonate of lime will also be arrested, together with the oxalate, malate, and phosphate of lime, which naturally exists in the root.

GASLIGHT AND AMMONIA FROM ANIMAL FLESH.

EVERY part of an animal, for instance, a dead horse, dried and distilled in a gas retort, produces gaslight of superior quality, in the proportion of 22.309 litres to 255 kilogrammes of animal matter; also 11½ kilogrammes of sal ammoniac, and 15½ of charcoal from the bones, without noticing that produced from the flesh, which the manufacturer, M. Sequin, omits to mention. The empyreumatic vapours mixed with the gas before its purification, are not condensable at low temperature of the atmosphere, but by compression may be reduced to a liquid form with the fluidity of ether, and burning with a fuliginous flame without odour.

The facts are not new, but their application to the arts are of great importance in large cities where numbers of horses are brought for slaughter, and where the consumption or sale of animal charcoal for the beetroot sugars, or for the refiners, is extensive. M. Sequin dries the flesh, and keeps it for use an indefinite time, without any unpleasant emanation.

SUGAR FROM DRIED CANES AND BEET-ROOT.

M. PELIGOT, of the *Académie des Sciences*, has been making experiments on sugar-cane imported from Martinique, and is able to produce a larger quantity from the dried stem, than is extracted in the colonies from the fresh; but the advantage is counterbalanced in France by the difference of freight between sugar and the cane, to say nothing of the increased price of fuel.—Beetroot dried by heat, so as to coagulate its albumen, yields more sugar than in its recent state. The drying of beetroot is also beneficial, inasmuch as it prevents those intestine ferments which converts the chrystallizable sugar into molasses. To prevent this deperdition there is no alternative but to work up the whole immediately on its being taken out of the earth, which, in a commercial sense, would be impracticable, or to dry it rapidly by heat.

TEST OF THE STRENGTH OF SUGARS.

M. BIOL has discovered that the precise quantity of sugar in solution can be calculated by the divergence of a ray of polarized light passed through it. M. Payer, the Professor of the *Conservatoire des Arts* is, in conjunction with that gentleman, making experiments on the subject, which he promises to communicate to his auditors before the conclusion of his lectures.

PRESENTATION OF PLATE.—We have already spoken of the piece of Plate presented by his pupils to Mr. Dermott; and the contemplated testimonial to Sir Benjamin Brodie has been heralded in all the papers. On Monday last a silver salver, with an appropriate inscription, was presented to Mr. P. Bennett Lucas, by the pupils of the North London School; and lastly, a subscription is making to pay a similar compliment to Dr. Macreight upon his retirement, by the pupils of the Middlesex Hospital.

The Petition of Mr. William Roberts, referring to the preservation of bodies for dissection, has been printed by order of the House of Commons. Its details may be the subject of future remark, as, when the petition was presented, a day was appointed for nominating a Committee to inquire into the allegations of the Petitioner.

MEDICAL MEN AND POOR-LAW GUARDIANS.—We were glad to see, in the *Times* of Wednesday last, some spirited and indignant observations in reference to the manner in which the very patriotic "guardians" of Honiton recently conducted themselves in the election of a medical officer, to attend the "poor of certain parishes, for one year, to commence on the Twenty-fifth of March." It seems that they had issued a circular, offering to contract with any medical man in *Honiton* for attendance in all cases, medical, surgical, and obstetrical; to visit all lunatics; and to furnish the requisite medicines at such times as they (the guardians) might think it proper to direct. The population of the sixteen parishes comprising the Union, amounts to 10,326; for attendance on which the tenders of the Honiton surgeons amounted to £171 10s. It will scarcely be credited that the tenders of four medical men, some of whom have lived in the town for the last twenty-five years, were rejected by the guardians without any reason having been stated; and that one medical man, a perfect stranger to themselves and to the poor, has been introduced by them to take the medical superintendence of the whole of the parishes mentioned, for the sum of £130 10s., by which is effected the enormous saving of £41 9s. to sixteen parishes!

REVIEWS.

Cyclopædia of Practical Surgery. Part V.

[Second Notice.]

WE have next Bougie by Mr. Costello, and then follows the principal article of the number, Bronchotomy by Mr. T. S. Wells. A very full history of the operation is given, and the propriety of its performance considered under the following heads. The article is not susceptible of analysis, and we prefer giving the section on foreign bodies entire.

I. When foreign bodies have entered the windpipe.

II. In acute diseases of the windpipe—idiopathic—traumatic—and functional.

III. In chronic diseases of the windpipe.

IV. In cases where tumours in the larynx itself, or in the neighbourhood, obstruct the passage of air, either mechanically, or by exciting spasm of the glottis.

V. In injuries and wounds of the throat, and their consequences.

VI. In cases of suspended animation.

I. When foreign bodies have entered the windpipe.—If there be any case where the propriety, or absolute necessity of the performance of bronchotomy is undoubted, it is when a foreign body has entered the air-tube. The only objections that can be advanced are, the chance of the expulsion of the body by expectoration—the fact that persons have lived for many years, the body remaining—and Desault's opinion in favour of the introduction of an elastic tube through the nostril into the pharynx, as will be hereafter described. In answer to the first, if we reflect on the mode in which a body enters the larynx, we shall see that its expulsion per vias naturales is highly improbable, although certainly some rare cases have been advanced in which it has taken place. (For instance, Nooth gives a case where a leaden shot was expectorated; Höchsteten, a Portugal dueat; Howship, an iron nail; and Abercrombie, a tooth.) The organs of deglutition are so formed, and their vital endowments such, that no substance can pass into the air passages in simple swallowing, and accordingly we find that this accident occurs, either when a full inspiration is taken, some loose body being in the mouth, or when, from haste in eating, the actions of inspiration and swallowing are combined. Now the rima glottidis being enlarged during inspiration, and contracted during expiration, it is obvious that a body may readily enter the larynx, and its expulsion be prevented by the diminished diameter of the rima:—further, it could hardly approach the glottis, without producing violent cough, during which the rima is still more contracted:—again, if the body be irregular, the chances are against its being propelled in exactly the proper direction:—and, lastly, there is very great probability of its becoming entangled in the larynx. These considerations apply with peculiar force against the employment of therapeutic means to effect the expectoration of the body; even in the most chronic cases, emetics, &c., are at the best useless, and in recent cases they must be dreadfully hazardous. A sudden convulsion may kill the patient, while we are waiting for their action; or the paroxysms of cough they excite be so intense, that congestion of the brain, or rupture of the air-cells, are probably produced; or the patient is so much convulsed that the successful performance of the operation is rendered almost impossible. In answer to the second objection, the patient is liable at any time to sudden suffocation from the foreign body becoming entangled in the rima during a fit of coughing; to apoplexy or convulsions from derangement in the cerebral circulation, owing to violent cough; and to emphysema of the lung from the same cause; to chronic bronchitis and its effects; to acute pneumonia; the formation of pulmonary abscess; to hæmoptysis; or they die with consumptive symptoms arising from the protracted irritation. Again, even if the foreign body be expectorated, recovery by no means invariably follows, the patient dying either of the injury the brain has suffered, or the effects produced on the

lungs and general system. Of seventeen cases collected by Dr. Stokes, in which the body was expectorated, one patient died after many months with abscess of the left lung: in another death soon followed the expectoration: in another the body was expectorated after two years, but death ensued with symptoms of phthisis: in another, it was expectorated after thirty-one months, but the cough and expectoration continued, great susceptibility to bronchitis, hæmoptysis supervened, and death in the early part of the fourth year from the accident: in another, it was expectorated after seventeen years, but hectic and emaciation followed, and death in a year and a half afterwards. Often who recovered, in one the body remained fifteen years, in another seven, in another two and a half, in another four months, but the patient remained for many years subject to pain, cough, and hæmoptysis. As to Desault's proposal, it must be remembered that the distress of the patient in general arises not from obstruction to the passage of air, but from the irritation of the foreign body, exciting some of the evils just enumerated, or spasmodic action of the laryngeal muscles. Either of these evils, his tubes are calculated to increase. If mechanical obstruction cause the distress, and the body be impacted in the larynx, the passage of a tube is likely to be mischievous, by forcing the substance through the delicate structures, or by exciting a cough, which may throw it into the rima, and instantly kill the patient. If the body be in one of the bronchi, Desault's tubes evidently cannot remove it, and its removal is the only way to remove the obstruction it produces. I am aware that at the last meeting of the Royal Medico-Chirurgical Society, during the discussion on a paper by Mr. Travers, jun., several members opposed the performance of bronchotomy for the removal of foreign bodies, chiefly on the ground of their occasional expectoration. But as I have shown that recovery by no means invariably follows such expectoration, even if it do occur, and as I have never met with, or read of a case, where death did not ultimately result from pulmonary disease apparently connected with the protracted irritation of the extraneous substance, it appears evident that when a foreign body has entered the windpipe, the sooner bronchotomy is performed the better; and no delay should take place on account of the little distress the patient may at the time be suffering, for the attacks of dyspnoea, &c., are at first intermittent, and it is not uncommon for a child soon after the paroxysm to appear perfectly well, cheerful, and playful. But as the irritation becomes permanent, we have those symptoms, which some suppose necessary to justify the operation, arising from the inflammation which has been set up, and which even the removal of the cause may be too late to check. But before proceeding to operate, the surgeon must be convinced of the existence of the foreign body in the tube. It may have lodged in the pharynx, or œsophagus, but of this he can soon satisfy himself by the introduction of his finger, a bougie, or probang; and its presence in the air-tube may be discovered by the symptoms, and physical signs. The symptoms will vary (1) with the sensible and chemical properties of the body; thus a small smooth substance will produce far less distress than one pointed, rough, or irregular; and (2) according to the portion of the mucous membrane to which the body is applied, that of the trachea being far less sensible than that of the larynx. The history of the case is often so clear that but little examination is necessary to show the nature of the accident, but in others it is very obscure. If it be in the larynx, we should expect almost incessant harsh, dry, spasmodic cough; respiration, according to Dr. Stokes, "croupy," but Mr. Porter says, "always imperfect, but never loud or stridulous, as in acute cynanche trachealis:" pain, increased on pressing the larynx, and paroxysms threatening suffocation: the face becomes purple, cheeks swollen, eyes protruded, and a stream of frothy saliva runs from the patient's mouth during his struggles. If the body be moveable, there are intervals of comparative, often of perfect ease, but paroxysms are again induced on its being drawn either into the larynx, or into one bronchus.—To distinguish these symp-

toms from those of laryngitis, we have their sudden occurrence in a person previously healthy, or at least not suffering from any pulmonary disease. We remark that in laryngitis, the sympathetic fever occurs previous to, or simultaneous with the local symptoms, but when from a foreign body, not until much irritation has been excited. In laryngitis there are none of those complete intermissions to the paroxysms, which occur when a foreign body produces the symptoms, for though there are partial remissions, some strider always persists. Lastly, in laryngitis the difficulty of breathing is in respiration; but in the accident in expiration. The last observation will also serve to distinguish the case from one of spasmodic croup. We have the exposure to contagion, previous catarrh, and the peculiar hoop, to distinguish it from whooping-cough. In this affection, the difficulty of breathing also occurs in inspiration. These considerations will render the nature of the case pretty evident, and by the aid of physical signs we can make assurance doubly sure. The right bronchus being the larger, and more directly continuous with the trachea, is that into which the foreign body almost always passes. It may close this tube either completely or partially. If the obstruction be complete, both sides of the chest are clear on percussion, but in the right lung the respiratory murmur is abolished; in the left it is puerile. If the obstruction be partial, we hear the respiratory murmur, diminished in proportion to the degree of the obstruction. In applying this test, however, it is necessary to remember that the murmur is naturally a shade weaker in the right than in the left lung, therefore the difference, to be valuable, must be considerable. These signs will be permanent if the body retains its situation, but if it be moveable, we have the sudden reappearance of the respiratory murmur when it passes up into the windpipe, and then laryngeal irritation is excited. The murmur is again abolished on the body resuming its former situation. This occurs in no other affection of the lung. The physical signs are more obscure when the body remains in the larynx or trachea; but then we have the signs of irritation (sibilous and sonoro-mucus rales) spreading from above downwards, not preceded by constitutional irritation, and occurring suddenly in a healthy person. There are also other signs, in themselves pathognomonic of the accident. In a case related by Mr. McNameara, he says, "I could distinctly perceive that there was a mechanical obstruction to the exit of the air, produced by the ascent of the foreign body to the larynx, causing a perfectly audible sound, which resembled more that produced by striking the tongue forcibly against the anterior part of the hard palate, when the mouth is closed." In another case of his, a boy had a plum-stone, with a hole in it, in his trachea, which he could whistle through. Mr. Liston says, "A peculiar noisy characteristic rale is perceived on applying the ear, and a shock like the shutting of a valve can be thus appreciated, or even by the finger placed on the box of the larynx, when the foreign body, by the forcible extirpation, is made to strike the rima." Mr. Porter says, "when the substance is loose, it is frequently in its motions upwards and downwards within the tube heard to strike against its walls with a peculiar rattling sound. This is heard to most advantage, when the patient makes a forced expiration, and the foreign body is drawn up towards the larynx." A few months since a case occurred in St. Thomas's Hospital of a boy, into whose air passages a fourpenny piece had entered. It lodged in the eighth bronchus, and I am told by some gentlemen who examined the chest, that a peculiar sound was heard, produced by the passage of air on each side of the metal, which gave an exact idea of the nature of the case. I have seen cases, however, where all the effects of a foreign body in the larynx were produced by causes a little out of the usual course, and in the first, the symptoms were so severe, that actual suffocation was dreaded. A schoolboy was gaping at the dinner-table, when another threw a spoonful of salt into his mouth, some of which entered the larynx. The most violent spasmodic cough immediately ensued, and he seemed for some time in great danger. The

other case was that of a druggist's apprentice, who was powdering euphorbium without due care. A little of it appeared to have entered the glottis, for very similar effects were produced to those just stated. The obstruction in these instances being confined to the top of the tube, it being, as I conceive, produced wholly by spasm of the glottis, they would be peculiarly favourable for the successful performance of bronchotomy; and if other means failed, no surgeon would be justified in neglecting to operate.

Having determined, then, that there is a foreign body in the air-tube, the surgeon should endeavour to ascertain its size, form, situation; also, whether it is loose or fixed. Its situation may be evinced by local pain, but this is not always present, even though the form and nature of the substance render it irritating. These particulars may serve to modify the operation in some degree, but it should be immediately performed, in the manner to be hereafter detailed.

The remaining articles are, Bubo by Mr. H. J. Johnson; and an admirable essay on Burns and Scalds by Dr. Ure, to which we may hereafter refer. We forgot to mention Blister by the same author, and an article Bandage by Mr. Chapman, which contains a great number of woodcuts.

ADMINISTRATION OF QUININE BY THE SKIN.—A writer in the Bulletin de Therapeutique relates four cases in which intermittent fever was cured in children by rubbing into the axilla, an ointment composed of one drachm of sulphate of quinine with two drachms of lard.

In the HOUSE OF COMMONS, on Monday last, Mr. Hutt presented a petition from Medical Practitioners in Gateshead, praying for Medical Reform.

Colonel G. Wright has just subscribed sixty guineas to the Sussex County Hospital.

BEQUEST.—The treasurer of the Leeds Dispensary has received 100*l.* from the executors of the late Benjamin Gott, Esq., being a legacy left by that much respected individual for the benefit of the Institution.

STRABISMUS.—PROPOSED OPERATION.—M. Dieffenbach has submitted to the judgment of the French Academy, whether the section of the internal rectus muscle of the eye might not be practicable and effectual for the cure of strabismus?

A "considerable sensation," as the newspapers have it, has been excited in the neighbourhood of York and Halifax, by the circumstance of a man who is said to have been in a comatose state for the last eight months, and still continues in that condition, without exhibiting any signs of returning activity. He has accordingly received the *sobriquet* of the *sleeping phenomenon*; and, while some of the less learned have indulged in rhapsodies of wonder and amazement thereat, others have ventured to characterise it as a "fraud and great deception." Mr. B. Lockwood, Surgeon, of Kirkheaton, has addressed a letter to the *Halifax Guardian*, in which, after stating that he has attended the man for some years, he solemnly avers that he is comatose. He, however, omits to tell us what had been his original complaint. The editor of the newspaper just named remarks on the case:—"One thing is certain—if he sleeps, his relatives are wide awake. They are reaping a golden harvest, and the longer and sounder he sleeps, the better for them."

THE WESTMINSTER MEDICAL SOCIETY.—Our report is again unavoidably postponed.

CASES OF PERFORATION OF THE INTESTINES BY WORMS.

BY J. B. DAVID, M.D.

Lumbricus extracted from an Abscess of the Abdomen.—In 1801, my regiment being in garrison at Calais, I saw M. Bastide, then surgeon-major of the military hospital, open a phlegmonous abscess situated near to and below the umbilicus. About two ounces of foetid pus found exit along with a lumbricus six inches long, and alive. Dr. Lallemand, then dean of the army medical officers, also saw the case. The patient quickly recovered, and rejoined his regiment. By an extraordinary coincidence, a few weeks after, I and the above gentleman saw a similar case in the person of a sailor.—I shall terminate this notice by the following case, recorded by Pierre Barrere, an eminent physician at Perpignan: though not, perhaps, absolutely conclusive as regards the disputed question of the possibility of the intestines being perforated by intestinal worms, it at least answers those who maintain that lumbrici are always found free and detached in the intestine.

A negro, aged 18, after enduring fatigue, became affected with convulsions, colics, and finally with true tetanus. He died, and after death, I found in the intestines bundles of worms, and observed the intestines perforated at several points by those worms, which served as plugs to the perforations in which they were engaged.—M. David states that he has several times at Cayenne, seen cases similar to the foregoing, and that at Roussillon, he has often seen the intestines of swine perforated by worms. He considers the two first of the cases above mentioned, as establishing the reality of perforation of the intestines by these entozoa. The worms could not, he maintains, have been generated in the abscesses—nor could the patients, he insists, have been so soon restored to health, and become capable of resuming their occupations, had there been ulceration or ramollissement of the coats of the intestine antecedent to the escape of the worms.—*Gazette Medicale de Paris.*

MEETINGS OF SOCIETIES.

ROYAL INSTITUTION.

HEALTH AND MORTALITY IN THE METROPOLIS.

March 27.—DR. GEORGE GREGORY delivered, before a numerous assemblage of the profession, a lecture on the Statistics of Disease and Mortality in London. The Doctor set out by explaining, in terms of eulogy, the new system of registration. According to this arrangement, the metropolis comprises an area of seventy square miles, or about 9½ miles in diameter, thus assuming a radius of five miles from St. Paul's Cathedral. Stoke Newington and Dulwich terminate the line from north to south, and Woolwich and Hammersmith, that from east to west. The Registrar-General has also divided London into five great districts,—the north, south, east, west, and central; the first including the parishes of St. Pancras and Marylebone, of which no notice is taken in the older bills of mortality, but in which the population has in nine years increased by 117,000. There was an imperfection in the working of the Act, as the registration of births is not compulsory; but the poorer classes are becoming better satisfied with the measure, and more willingly give the information. One of the results of the registration is a diminution in mortality, and it is a fact that the value of human life has increased all over the kingdom. The mortality of the present year has been much less than usual, only 9000 having died in the last ten weeks; that is, at an average of 900 per week. In the Metro-

politan Police Force, the men have never been more healthy. A singular fact was mentioned with respect to the characteristics of life, which does not appear to have been noticed by any of the Assurance Offices, namely, that nearly twice the number of deaths occur at the recurrence of each decade after thirty, than in intervening years; at the age of forty, for instance, fifty, sixty, and so on. The most unhealthy part of London includes the parishes in the neighbourhood of White-chapel; whilst, on the other hand, the suburban districts of Camberwell and Hackney are the most healthy. The healthiest parish in the metropolis itself, is that of St. George, Hanover Square; for here the proportion of deaths annually is only 17 in 1000. These circumstances show the necessity of dividing and breaking up all dense districts; an improvement which, to a certain extent, has already been effected, but of which much remains to be done. With regard to the variations of disease, it has been said, that whilst vaccination confers an immunity from the small-pox, it opens the road to others equally destructive; but this is true only as it closes one avenue to mortality, the law of which is, that a certain number must die every year; so that if one door is closed, another is open. Formerly, old age had the sixth place in the list, but now it is the second, consumption only being before it. The lecturer stated, in the course of his remarks, that the Government are making active preparations for taking the census in the May of next year, when the decennial period will expire.

HOSPITAL REPORTS.

HOSPITAL LA PITIE, PARIS.

INTERMITTENT FEVER FROM ORGANIC DISEASE.

THE first point to be noted in this case, is the cause of the febrile symptoms, which is perfectly distinct from marsh miasma; and a question has arisen, during the investigation, whether the common remedies of malarious intermitting fever do not act upon the primary results of that cause, as they exist antecedently to the febrile paroxysm, or during its interval. French physicians, accustomed to the treatment of fever from marsh miasma, affirm, that the disease, in general, begins by disturbance of the digestive organs, and a very common practice in England is to commence the treatment by emetics.—This patient, after a fall upon her glutei, six months ago, has suffered from abdominal pains, and discharge of pus by the rectum, which, with other symptoms, gave rise to a suspicion that an abscess had formed in the broad ligament of the uterus.—The menstruation has been suppressed since the accident. Cachectic and chlorotic symptoms, with palpitations of the heart, characterize the usual state of her health, and for the last fifteen days she has had an attack of well-marked tertian intermitting fever, which, commencing at twelve o'clock, passes through its three stages before the close of the day.—On examining the spleen, it is found tumefied, as is frequently the case, in malarious ague. The liver projects below the ribs three fingers breadth, which may account for a cough under which she labours, inasmuch as on auscultating the chest, the respiration is unimpaired in any part. The heart, on the application of the ear, was found to be in a normal state, but a sound of friction was heard in the brachio-cephalic trunk. The treatment to be employed will be ushered in by emetics.

HOSPITAL LA CHARITE.

FISTULA LACHRYMALIS CURED BY MERCURY.

M. VELPEAU, in a recent clinical lecture, mentioned the case of a patient in the hospital, who had been just cured by the use of mercurial ointment, but he added, that he made the communication for the purpose of warning his auditory not to rely on these solitary cases of cure, but to consider them as exceptional. This, said he, is one of those instances which give rise to the miraculous reports of panaceas, but which in by far the ma-

majority of cases are found to be of no efficacy whatever. The successful results, however, prove one thing, that a cure is possible in some cases, and the duty of the surgeon is to ascertain wherein a particular treatment may be successful; and, on the other hand, wherein it would inevitably fail. Extravagant expectations of success from any vaunted treatment, unfortunately lead to its abandonment on the first failure—but this is unwise, and such a disposition may be considered to be the bane of medical science. As to the medical treatment of fistula lachrymalis in contradistinction to the surgical operation, it is deserving of note, that Lisfranc, the surgeon of *La Pitié*, who, even as far back as the time of Pelletan, and the early day of Dupuytren, was specially charged with the care of collating the results of the temporary dilatation of the former, and of the canula of the latter—and whose talent as a surgeon is unquestionable, still adopts the medical treatment in many cases; such for instance, as arises from chronic inflammation of the nasal canal.

FISTULA LACHRYMALIS, BY OPERATION—RELAPSE.

The advocates of the surgical operation in opposition to the medical treatment of lachrymal fistula, suspect that the effects of the latter are not permanent. Among these are M. Manzière, who nevertheless, in the *Gazette des Hôpitaux*, admits that the operation does not ensure the patient from relapse, and supplies a case in point. This gentleman, who was *Chef de Clinique* of Broussais, and assisted M. Malgaigne as *suppléant* at this hospital, having witnessed the inconveniences of the canula in common use, and consequently its occasional failure, magnanimously resolved upon a remedy. It was too long and sometimes pressed on the floor of the nasal fossa—he reduced it to eight lines. It was conical and easily forced upwards in the canal; he changed its form. The material of which it was made being silver, was convertible into sulphuret of silver; he made it of platina—but with all these modifications, the cure of the patient, which at first seemed perfect, lasted but four months. He then tried a short leaden probe, with its upper extremity rounded for the purpose of retaining its situation in the canal, while in and the patient seemed cured, but the cicatrix again opened, and some new treatment is to be tried.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

There are Vacancies for two Physicians two Surgeons, and a stipendiary resident Apothecary to the Holloway and North Islington Dispensary—an institution of but very recent establishment, and as yet, we believe, not virtually opened.

NAVY.—Surgeon John Wilson to the Vanguard. —Assistant-Surgeons J. G. Risk and James G. Buchanan to the same; Mr. J. T. Moxey (additional) to the Britannia.

MEDICAL OBITUARY.

On the 23rd ult., at Kinton, Hertfordshire, John Mitchell, Esq., Jun., Surgeon.—On the 21st inst., at Brighton, in the 73rd year of his age, Sir Richard Phillips. The powerful understanding and diversified attainments of this extraordinary character, so industriously and usefully exerted during a long life, are our apology for introducing his name in a list, exclusively professional, of those medical men who have paid the debt to nature. Sir Richard was the projector of the "Old Monthly Magazine," author of "Nature Displayed," "A Million of Facts," and numerous other works.—At Huddersfield, in his 71st year, Wm. Wilks, Esq., Surgeon, after a long and extensive medical practice in that town and neighbourhood.—In his 81st year, A. Wilkinson, M.D., of White Webbs Park, Enfield.

QUARTERLY NAVAL OBITUARY.—Surgeons—Robert Westley, A. C. Hutchison, Richard W. Coley, Hugh Stewart, George Parsons, George Mitchell, Baldassare Sammut, James Gilchrist.—Assistant-Surgeons—Samuel Allen, Alexander A. Carr.

ADVERTISEMENTS.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

DR. FORBES AND HIS CLIQUE CRITICAL.
NO. III.

"AFTER the banquet was over, and the goblet had gone lazily round once or twice, Dr. Forbes rose amidst the most profound silence, and to the utter dismay of his audience, gave vent to the following doleful lamentations on the banishment of his learned colleague (Conolly) to Anticyra, where he is condemned to administer and partake of the 'insanè root'—

'I, bibe, dixissem purgantes pectora succos
Quidquid et in tota nascitur Anticyra.'

'Come hither, my children,' exclaimed the President, waving a willow branch in his right hand, 'and listen while I speak. From my earliest infancy my mind was impressed with reverence for the power and wisdom of a *Trinity*, and as I grew older that reverence became gradually kindled into wonder and admiration. The immortal writings of Titus Livy, and the Commentaries of Cæsar, in which are described the glories of the Roman Triumvirate, exalted my admiration to a climax; and after long years, when I meditated an invasion on the wide field of Medical Literature, I resolved that it should be after the manner of the Triune of the "Eternal City." My (for I was the Cæsar) first exploit was a *work* of Herculean labour (the Cyclopædia), many difficulties, under which "ordinary minds" would have sunk, beset my path; there were insurmountable barriers to be overcome, and the Rubicon to be crossed; but, nevertheless, my triumph was glorious—"Veni, vidi, vici!!!" After this great victory (miserabile dictu), the *third* of my members (Crassus Tweedie) becoming restive, was at the next annual convocation expelled by a majority of ONE, and from that period up to yesterday the realms of medicine have been governed (how nobly remains for the world to say) by that *Duumviri* which gave you birth. To night, my children, I have a tale of unusual woe* to relate to you, hence the cause of this emblem of sorrow (crossing the willow on his breast). In a word, I have formally to announce the further dismemberment of our body, and consequently your semi-orphanization: here, my children,' sobbed the President, stifling with grief, 'is the sentence—"Naviget Anticyram"—which has banished your god-father (Conolly) for ever from your sight to the wild regions of madmen.' Just as the last words were uttered, a deep groan, à la *Sicchæus*, issued from an alcove at the further end of the banquet hall, where the shade of the "departed friend" was represented reclining under a cypress, which was immediately answered by filial and dutiful groans from the united voices of all. After this burst of feeling

had subsided, and order was again restored, the President resumed: 'O, my children, the loss is irreparable both to me and to thee! By *him* you were *partly* begotten, and it required no "ordinary" sagacity to beget an offspring like you; and now, since it has pleased the Fates to deprive you of the wisdom of his counsel, I have only to trust you will still continue to persevere in the *cut* he has marked out for you—*usque* Anticyra. On the fall of Crassus I felt *no particular* uneasiness, but now that Pompey has followed in his wake, I begin to have some strange bodings of the future. To me he was more than *half existence*; he gave delight to the mind by his learning, and gulled the unwary by his professional cunning; and whenever you *chanced* to inflict pain, he was sure to give instantaneous relief by his admirable "SOOTHING SYSTEM," which advantage he had gained over me by walking the Groves of Blarney, as well as those of Athens. We were united by the strongest ties of friendship and ambition, which we imagined never could be broken; in short, we were the HARMODIUS and ARISTOGITON of modern times—an honour to the dead whom we personified, and the admired of the living whom we enlightened. I can not reflect on the past without a pang deeper than that caused by the molten gold we poured down Crassus' throat, stinging me to the quick: and now that I remain *solus cum solo* to rule over the *destinies* of Æsculapian authors, and the wide realms of "British and Foreign" medical science, I begin to feel myself tottering beneath the burden.' Here the entire audience with one accord mournfully exclaimed—

"O, WIRRAH STRUAH!"

'But, my children,' continued the amiable and learned President, "'now's the day and now's the hour" for you to exert yourselves in a manner worthy the parents who begot you under so many opposing and conflicting circumstances; and although our body has lost its noblest and most *frantic* member, still it is not so mutilated as to prevent you from performing your office of antennæ or feelers with the same or even greater pertinacity than before; and in conclusion, I have only to say, that I am now beginning to think there is nothing like UNITY under the sun.'

The irritable scribe, who certainly listened with exemplary patience and attention to the above recital, positively declared that he could see nothing in the speech but a GLORIOUS SPECIMEN OF AN IRISH CLODHOOPER ENVELOPED IN A SCOTCH MIST!

In the HOUSE OF LORDS on Saturday last, Lord DENMAN presented a petition from Medical Practitioners in the town of Nottingham, praying for Medical Reform. Lord NORMANBY also presented petitions in favour of the same, but omitted to state from what place.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

CELLULAR SYSTEM (CONTINUED).

EMPHYSEMA; TUMOURS—SARCOMA, ADIPOSE, PANCREATIC, CYSTIC, MAMMARY, TUBERCULATED.

EMPHYSEMA, gentlemen, is a Greek word, which means *inflation*, or *blowing up*; and in its medical technical sense it denotes the presence of air in the cellular texture of the body. Air may gain admission into the cellular texture in consequence of a wound in the lungs; generally from such a wound as is produced by the fracture of the ribs, or in consequence of a breach of surface of the lungs, produced by the bursting of an abscess. It has been said sometimes to arise in consequence of the efforts made by a female in parturition, and that it has happened from the reduction of a luxation of the arm, of old standing. In some rare instances emphysema has occurred spontaneously—that is, from some internal unknown cause; and we find it taking place in consequence of the decomposition of the textures of the body which occurs in mortification. The mere presence of air in the cellular texture of the body need not give you any anxiety; but the causes that give rise to its admission may be more or less important. The swelling that is produced by the presence of air is a soft tumefaction; the air gives way under the pressure of the finger, and escapes into the contiguous cells, the displacement of the air being attended with a peculiar sense of crackling. If the distention proceed to so considerable a degree as to become troublesome on that account, all that will be necessary for you to do is to make a small puncture with a lancet through the skin, so as to let out the air. When, however, the cause which produces the introduction of air into the cellular texture is at an end, the air that has been already introduced gradually disperses—probably it is absorbed, and no more inconvenience is experienced.

TUMOURS.

The cellular texture of the body is frequently the seat of new productions—that is, of the deposition of new matter, forming an enlargement of the part in which it takes place; or, in technical language, constituting *Tumours*. Now, as the word tumour merely means swelling, all kinds of enlargement come under the term, etymologically considered. Thus various states of the different organs of the body, very dissimilar from each other, are attended with enlargement, or swelling; and therefore, so far, have a claim to be considered under the head of tumour. The word tumour, in fact, merely denotes the circumstance of enlargement, or external projection; and were we to arrange diseases according to circumstances of this kind, which do not arise out of the essential nature of the affection, we should bring together a very heterogeneous assemblage of affections, not allied to each other in any respect, except this single point of producing enlargement in bulk. I have already had occasion to mention what a strange collection of diseases is found under the head *tumours* of Cullen; and in the Treatise on Surgical Diseases, by Baron Boyer, you will find an equally ill sorted assemblage. Under the head of tumours he treats of erysipelas, phlegmon, boil, carbuncle; of malignant pustules, of aneurisms, or those tumours produced by the dilatation of blood-vessels, aneurism by anastomosis, and so forth; of schirrus, of cancer, and of œdema.—Mr. Abernethy wrote an essay on the classification of tumours, in which he very judiciously proposed to characterize and distinguish them, according to the differences of their anatomical structure; and he likewise proposed to restrict the term tumour to those swell-

* Solomon tells us that "it is better to go to the house of mourning than of feasting," but the learned President being *wiser* than Solomon, managed to put them both together in this instance; hence we may account for the (to "ordinary minds") apparent anomaly of a commingling of feasting and sorrow.

ings which consist of a new production, which constituted no part of the original composition of the body. Thus we exclude from our idea of the word tumour, simple enlargement of parts, dilatation of tubular and hollow parts in consequence of the fluids which they naturally contain, the displacement of parts, such as in hernia, where an organ belonging to one situation is preternaturally thrust into another:—all these are got rid of, and we restrict the term to a very different class of affections—those enlargements of a part in which there are new productions that did not constitute any part of the original composition of the body.—Now, definition is not a very easy thing; and with respect to the one that I have just quoted to you, we must observe that it wants a little amendment, because as it now stands it includes the enlargement of the uterus in a state of pregnancy. When the uterus becomes impregnated, there is a new production, which did not constitute an original part of the body. Thus the impregnated uterus literally comes under Mr. Abernethy's definition of a tumour, though he did not mean that it should. It will be necessary, therefore, to modify this definition, so as to make it include simply those new productions which are deposited in the interior, or in the texture of any organ; then we escape these objections. Now unfortunately, in the very same paragraph in which Mr. Abernethy, in his Essay on Tumours, gives this definition, which I think useful as restricting the word tumour to a definite class of affections, he extends it so as to include others of a very dissimilar nature—that is, he includes under it the enlargement of parts, such as the glands—enlargements which are produced by the development of something in the texture of the part, and also those enlargements in which the original structure of the gland is entirely removed, and another substituted instead—that is, enlargement of the glands from a change of structure of the part. Now these are two distinct kinds of affection, and they cannot be made the subject of any common observation as to their origin, their increase, or their mode of treatment, and therefore I think they ought to be kept carefully distinct from each other.—It is true that some new productions may take place, such as either in the cellular texture of the body generally, or as depositions into the texture of the glands and other parts. This is the case at all events with fungus hæmatodes, and perhaps with carcinoma; and with respect to the former (that is, fungus hæmatodes), we find that when it is seated in a gland sometimes it occurs as a distinct deposition, we might say foreign to the proper substance of the gland—that is, completely defined and restricted within one certain part, and not disseminated through the natural texture of the gland. In other instances we find that a general change takes place in the substance of the gland, by which the natural seems to be gradually converted into the fungoid structure. In these respects the two classes of affection approximate towards each other. We find that one of the same diseased formations may occur either in the cellular texture of one part of the body as a tumour, or an entirely new production; or it may take place as a similar entirely new production in any gland; or it may appear as a gradual conversion of the structure of the gland into its own peculiar character. Thus, as you see in other cases, we do not find marked lines of distinction between the various changes that take place in the body; but we find a gradual transition from the one to the other, with no very obvious or marked boundaries between them. I still think we ought to keep in mind the distinction between this new production or deposit into the cellular texture of the body, and those alterations of structure which occur in the various glands, by which the substance of the gland is gradually converted into a new kind of texture. With respect to the former—that is, the new production into the cellular texture of the body, which constitutes tumours—we may say generally, that we are incapable of acting on, or removing them, by any general or local measures whatever: with respect to enlargements or alterations of structure, attended with tumefaction of the glands, we generally combat them with more or less success by various measures.

Our next point of inquiry, then, is into the origin and modes of increase of the new or accidental productions. You will find three kinds of explanation given of the mode in which tumours are originally formed. In the *first* place, it is stated that blood is shed into a part—that it coagulates—that vessels shoot into the coagulum of blood, and organize it; and that the coagulum when thus organized may assume subsequently various kinds of structure, according to circumstances, of which we are ignorant. *Secondly*, it is said that coagulable lymph is deposited in the part—that vessels shoot into it; and that thus it becomes a new production, capable of assuming various characters of structure. *Thirdly*, it is said that tumours owe their origin to chronic inflammation, and they are enumerated as one of the results of that action. Now, although these three explanations are essentially different from each other, and therefore inconsistent, I think you will find in the essay of Mr. Abernethy, that in various parts he adopts each of them. We generally find when various modes of explaining any phenomenon of the body exist, that in point of fact we do not really know how it takes place; because, if we knew the precise way in which the thing was accomplished, we should find that it took place in one mode, and that we did not want various ways of explaining it. Three explanations of the formation of tumours are more than enough; we only want to get at one. Now, in reference to the three modes of explanation that I have just mentioned, I can only state that my own opinion is, that tumours are not formed in any of these ways.

In the first place, we do not find that the formation of tumours is preceded by the effusion of blood into the part; we see nothing like that in investigating their history. On the other hand, we see that when effusion of blood takes place into the texture of a part, ecchymosis follows, either in a diffused form in the cellular texture, or by a collection of blood in one particular part, and that no tumour is the consequence of such occurrence. The blood thus effused is absorbed and removed from the part, and we do not see that tumours take place in consequence of it. In the same way effusion of coagulated lymph is occasionally occurring in consequence of inflammation, and the effusion is absorbed when the inflammation subsides; but the lymph is not organized and formed into a tumour—nothing of that sort takes place. If, by chronic inflammation, we mean that state of a part in which there is a recognisable degree of redness, heat, and swelling, we certainly observe no such phenomena preceding the development of tumours. Tumours take place insensibly; they often arrive at a considerable size before persons are aware of their existence, so that we see none of those phenomena preceding their formation which belong to our idea of chronic inflammation; in fact, if either of these explanations were correct, we should find that tumours would go through a certain stage; that in their early condition they would be seen in one stage of development, and that this development would be gradually unfolded, so that they would assume a different character according to their age; but we see nothing like this. On the contrary, if it be a fatty tumour, though it may not be larger than the end of the finger, it possesses all the characters of fat just as perfectly developed as if it were an enormous lump; and so we may say of every other kind of tumour. You do not observe them going through different stages; you do not see them existing as coagulated blood, or coagulable lymph, and then gradually assuming the appearance of a tumour of any kind; but from the first moment you recognise them, they are as perfect, though small in size, as at any subsequent period. I believe then, at last, that surgeons must be compelled to say, as the unlearned do, that tumours come of themselves—that is, the causes and mode of their original production are really unknown; we cannot tell how they occur.—When the tumour is produced, we find that it derives its supply of blood from the vessels belonging to the part in which it has occurred; and we find that the vessels enter into it at various points of its surface. Tumours, however, have a natural tendency to advance towards the surface of the parts in which they take place; they arise towards the skin—they

spread in that direction; and thus we find that the largest and most numerous blood-vessels are found coming into the tumour at its base. Sometimes there is one considerable vessel, but generally there are a number of vessels entering into the tumour. The tumour gradually increases in the part; it condenses the cellular membrane, and forms it into a kind of capsule, an adventitious covering which surrounds the external surface of the tumour, and marks the boundary between that and the natural texture of the part.—When a tumour is produced, its increase no doubt takes place by the same process of nutrition which produces the regular enlargement of the various organs of the body. This process of nutrition in general, however, is more active in a tumour than in the natural texture that surrounds it. Thus you find tumours increase to a considerable size, often attaining a very great magnitude. This increase, however, is not constant; frequently tumours remain for a long time stationary—they neither increase nor diminish; at other times they grow very rapidly. In the case of some tumours there is a regular increase of size, and there seems to be hardly any limit to the magnitude which they may acquire; no other limit, in fact, except the degree of extension which the skin and the other surrounding soft parts will admit of. In other instances, having attained a certain size, the new production goes into other changes; it causes ulceration, the formation of fungus, sloughing, and so forth. This is the case with those productions which constitute malignant tumours, such as carcinoma, fungus hæmatodes, and the like.

Those tumours which are more or less of a soft feel and consistence—those which may be called by the general or familiar appellation of fleshy tumours—have been designated by the technical name *Sarcoma*. Sarcoma, therefore, may be deemed equivalent to fleshy tumour—a tumour which is not bony, which is not cartilaginous—one which is not hard.—The first species of tumour which Mr. Abernethy describes, he calls the common vascular or organized sarcoma; and he mentions it as if it were produced by the effusion of coagulable lymph into the texture of the part, and by the subsequent penetration of vessels into the lymph so as to render it organized. He says that when it has acquired a certain bulk, the surface will be apt to ulcerate, and the tumour may slough out; and he gives one case that terminated in this way. I cannot say that I am acquainted with any other case of that description. I never saw effusion of lymph into a part organize in this manner. The singular case that Mr. Abernethy mentions seems to have been an accidental tumour; and he does not appear to have met with many instances of it, perhaps hardly enough to found a description of a regular kind of tumour upon it.

I may observe to you generally, that unnatural growths, which constitute tumours, will very frequently correspond in their structure to the parts in which they are produced. Thus, when a tumour is formed in the subcutaneous adipose tissue of the body, it is a mass of fat; when a tumour is observed in that kind of cellular texture which does not contain fat, it is of a cellular structure without fat. Tumours which are formed on the mucous membrane of the various parts of the body, have a mucous surface, and the part precisely corresponds to the mucous texture, such as polypi of the nose. Tumours formed on the cartilaginous ends of bones are cartilaginous; they constitute subsequently the loose cartilages sometimes met with in the joints. Thus we find generally that there is an accordance in the nature of its texture between the new production and the tissue which gives birth to it. This, however, is not essentially the case, because we may have the structure of carcinoma, or fungus hæmatodes, formed in the ordinary adipose and cellular tissues of the body.

Now, we have a kind of ordinary cellular tumour—that is, a tumour developed in the cellular texture where fat is not present; and these tumours grow to a very considerable size, without possessing anything peculiar in their nature. I shall mention some examples of these tumours.—A very handsome finely-formed woman came to con-

sult me. She looked remarkably healthy, but said she wanted my opinion about a swelling, and that she believed it was a rupture. She did not give me a clear account of it, and I said it was necessary for me to examine it. She consented, and then she turned aside one way and I turned the other, that she might have an opportunity of arranging matters with decency. I thought she was very long in getting this tumour undone, but at last the job was effected. When I turned to look, I expected to see a hernia, or a tumour, about the situation of the groin, perhaps the size of a walnut, or of an egg; but to my utter astonishment I saw, hanging from one of her buttocks, a mass about double the size of my head. I had a drawing made of it [which was here handed round the theatre, and contained a posterior and lateral view of it]. The tumour was greater in breadth than the transverse measurement of the two buttocks, which, in a well made woman like this, were not very narrow. When I came to inquire into its history, the lady told me that it had existed for four years; that it had not grown much during the two first years; that it had given her no pain, and that even in its present magnitude it produced no great inconvenience, except what was inseparable from its weight and bulk; but it interfered with no function, and did not even impair any. It seemed that it had commenced at the posterior extremity of the left labium, and extended gradually towards the buttock, behind the os coccygis. It had a soft feel, and an obscurely lobulated surface. The integuments did not adhere to it, but were quite loose, so that they could be pinched up. The base of the tumour, especially towards the anterior part, was of uncertain extent—that is, I could not tell how far it went inwards beyond the labia pudendi, or towards the cavity of the peritoneum. She said her medical attendant had thought it was a rupture; and this led me to examine whether it was so. I tried to ascertain whether there was any motion communicated to it on coughing, but I could not see whether there was or not. I could not trace satisfactorily the tumour to its base; and I felt rather in doubt respecting its nature, and what ought to be done. I should say that it measured thirty-two inches in its greatest circumference, and twenty-one inches at its base. I recommended this lady to call on Mr. Wardrop, and ask his opinion. When we came to converse about it, he said that he thought it might be safely removed, and that this ought to be done. After considering all points in the case, seeing that her health was entire, that no function was affected, and that we could not trace any connexion that it had with any internal part, I determined on removing it. I performed the operation as quickly as I possibly could. There was of course a vast number of vessels bleeding very copiously. I did not stop to tie these, but allowed them to bleed; and by the time I had detached it the lady had lost a large quantity of blood and was very faint. The tumour was only loosely connected to the glutei muscles, and to those parts to which it had recently extended; but there was a prolongation extending up the labium, toward the vagina. After tracing it upward, I thought it might be a thickening occasioned by the dragging of the tumour, and I cut it through and detached it. I brought the integuments together by eight sutures, and in less than a fortnight she was well enough to go back to the country, the parts being healed. She continued well, and not very long after the complete healing of the wound, she married. She returned to me again in about a year and a half, in the last stage of pregnancy, and with a considerable reproduction of the tumour. It had acquired about one-third of its original magnitude. I told her she must come to me again after her delivery, which she accordingly did. I then found the tumour so large as to require a second removal, which I accomplished for her. On this occasion I traced the tumour very carefully up the labium, in the situation where I had cut it off, and I found a kind of neck ascending into the vagina, which I followed up to the symphysis pubis; and by dragging and drawing the part from that situation, it gave way, and came out pretty entire; so that it seemed to have its origin in that part. The wound

speedily healed, and in eight days she was able to go back to the country. On coming to examine the tumour, and on cutting through it, I could not compare it to anything except rather a condensed cellular tissue, free from fat, the interstices of which contained a serous or half gelatinous fluid, so that when it was left through the night in a dish, a large quantity of the fluid had gradually exuded from it, and it seemed to be simply that kind of condensed cellular tissue which might be expected to be formed in the tissue which belongs to the labia and the adjacent parts.

There are tumours occurring in the scrotum which proceed to an immense magnitude, distending the scrotum to an enormous size, and involving the integuments of the penis, ending at last in the production of a growth truly monstrous—in the formation of large tumours, that sometimes descend nearly to the ground, and out of one part or other of which the urine flows in an aperture like a navel. These occur principally in hot climates; the East and West Indies, for example; and the growths which are thus produced may amount to sixty or seventy pounds weight, or even still more. I rather think, that these are tumours of the cellular kind that I have just alluded to.—In the sixth volume of the ‘Medico-Chirurgical Transactions’ there is an account of a tumour in a negro, which was removed by Dr. Titley; the mass weighed seventy pounds, and the patient did perfectly well. This leads me to say, that enormous as these growths are, and formidable as they appear, they may be very safely removed. Larrey, in his account of his campaigns, mentions having seen several cases of this kind in Egypt. He says that some of the tumours that he saw weighed sixty or seventy pounds; he mentions one in particular that was estimated to weigh one hundred and twenty pounds.

Now the production of these tumours is not simply confined to these hot climates, for we find that they sometimes take place in our own country. Mr. Liston, in the nineteenth volume of the ‘Transactions of the Edinburgh Medical and Chirurgical Society,’ mentions the case of a youth, about twenty-two years old, who had a tumour, which had existed about ten years. There is a representation of it; and it seems almost doubtful whether the tumour or the body of the individual is the larger. Mr. Liston removed the tumour; and he mentions that the weight of it was forty-four pounds and a half after a good deal of blood and serous fluid had exuded from it.

When these tumours form in the adipose textures of the body, their composition is fatty, and it constitutes what Mr. Abernethy calls *adipose sarcoma*: *adeps* is the Latin for fat, and merely means fatty tumour. They are called by the French *tumeurs graisseux*. These consist simply of a mass of fat, and are hardly distinguishable from the ordinary fat of the body. They consist of a soft inelastic swelling, unattended with pain, giving no inconvenience unless from their bulk. We generally find that the bases of these tumours are lobulated. You here see an instance [presenting a preparation]. This is a mass of fat that has been removed, and shows the appearance of the base of the tumour. They form very slowly, and the patients generally are hardly aware of their existence till they have attained some magnitude. The surface is surrounded by a thin white capsule,—the vessels which they receive are not large; they adhere but slightly to the capsule that contains them; so that when you have divided the integument and capsule you can easily turn them out—almost with the finger alone.

Excision is, in fact, the only remedy for one of these fatty tumours. As they are perfectly free from pain, as they give no kind of inconvenience except from their size, when the parts in which they form do not appear externally, patients do not complain till they have attained considerable magnitude. If they become troublesome from their size, we have nothing to do but divide the integuments, lay bare the surface of the tumour, cut through the capsule, and, as I have said, you easily turn the tumour out. If the tumour be so situated as to be subjected to friction from the dress, or irritation from any other external causes, you may find the integument and capsule adhering to it more firmly

than you expect; and, under such circumstances, you find that at the lower surface it adheres closely to the parts on which it lies, and that numerous vessels enter it. I some time since removed a pretty large mass of this kind from the back of the neck of a baker. The integuments adhered very firmly; and the tumour was strongly attached to the muscles of the neck, and there was free bleeding. When the tumour was removed, I took up no less than twenty arteries, though I have observed that in general the arteries are few and small in fatty tumours. Now as we have seen that these tumours are of indolent character, and give no inconvenience to the patient, it frequently happens that they are allowed thus to increase to a very great bulk, and these fatty tumours constitute some of the largest specimens of such preternatural productions that we are acquainted with. Sir Astley Cooper removed one from the abdomen of a man, that weighed a great deal more. The case is related in the eleventh volume of the ‘Transactions of the Medical and Chirurgical Society,’ and is accompanied with a figure; and in the engraving the tumour seems almost the size of the man: it was a mass of fat. Sir Astley Cooper weighed it, and it was found to be thirty-seven pounds ten ounces. There was a tumour removed by a French surgeon, from the left hypochondrium, which weighed forty-six pounds: it was only one of eight in the same patient. He had seven others, not quite so large; and it is a circumstance which is sometimes observed in these cases of fatty tumours, that a number of such productions exist in different parts of the body.

Mr. Abernethy describes a tumour under the name of *pancreatic sarcoma*, stating it to consist of masses connected together by the cellular membrane, which, in point of colour, figure, and size, resemble the separate masses which constitute the pancreas. He mentions only one case of that tumour, and that was a case which, according to his description, must have been in the lymphatic glands situated under the jaw. Now it has occurred to me to see various instances of tumours, nearly resembling that described by Mr. Abernethy, situated in the angle at the base of the jaw; that is, close to the parotid and submaxillary glands; and the question naturally arises, whether the peculiar character of tumour in this instance can be referred to their local situation; that is, whether they derive their likeness to the structure of the parotid and submaxillary glands from the circumstance of being formed near to them. All I can say is, I have not seen a similar tumour formed in any other part, and that there is a considerable analogy so far as this production can resemble the natural parts of the structure of these glands. The tumours that I now refer to are of a lobulated knotty feel; they seem as if they were composed of distinct masses. They are hard, approaching in that respect to scirrhus tumours. The skin is loose over them, and the tumour itself is moveable on the parts on which it lies. In this respect you observe they do not resemble scirrhus tumours, which, after a certain time, become fixed to the parts on which they are seated. But these are slow in their growth and development, so that although they may have existed for some years (and there are instances where they have existed for six, eight, or ten years), still they have the character of looseness in their situation, and the cellular texture surrounding them has not taken on the disease, by which they are discriminated from tumours of a scirrhus nature, although the mere feeling of hardness might lead you to confound them. When you come to examine the texture of the parts after removing them, you find, on making a section, that there is a good deal of likeness to the scirrhus structure, but that the texture is not so tough, nor so hard as scirrhus; it is softer, and instead of being tough and unyielding it will break short off. It has a light amber tint, something like the colour of a raw potatoe; and the tumour, when divided, has a slightly lobulated aspect. Occasionally there is an intermixture in these tumours of streaks and patches of blood, which would lead you to suppose that they had some analogy with tumours of a fungoid character—to fungous hæmatodes, though in no instances that I have seen has there been any real approximation in their nature to that disease. These tu-

mours cannot be checked in their progress by any external applications, or by medicines. You have nothing to do except to remove them; and you had better do that when they are of small size, for they will invariably attain to a considerable magnitude, and they are then so often developed very deeply, and are so intimately connected with the blood-vessels and nerves, and other important parts about the angle of the jaw, that the operation is by no means an easy one.—I was consulted in a case of this kind some years ago by a gentleman, about forty years of age. He had a tumour, of the character that I have mentioned to you, about as large as an orange, seated behind the ramus of the jaw, and advancing over this towards the cheek. It had already existed there between eight and ten years, producing no inconvenience except what arose from its size, and it had now become troublesome on that account, when the jaw was moved. It extended towards the ear, and lifted up the labule of that part, and formed a large mass, which was unpleasant in appearance. I found the skin loose and moveable over it, and I could move the tumour easily on the part on which it lay, but yet I was not quite satisfied that the base was moveable, for in fact the base was so sunk that I could not exactly ascertain the extent of it. I told him I could suggest nothing but the removal of the tumour; that if he disliked the appearance of the tumour, or found it troublesome, he must have it cut out, but I thought the operation was formidable. He made up his mind to have it taken out, and I removed it accordingly. It was necessary to make two incisions, one extending nearly from the corner of the mouth behind the lobule of the ear, and one transversely to this, like the letter T. By these means I got the surface of the tumour bare, but I had more difficulty in detaching the base. In fact, large arteries entered it, and the division of these produced copious bleeding. In dissecting it I found the base penetrated so deeply that I could not get under it; and I then found it necessary to enter the tumour, and in so doing I perceived that fluid escaped from it. I left behind a part of the tumour, between the angle of the jaw and the pterygoid process; and I thought after I had got rid of a portion of the tumour, it would be more easy to extirpate the rest, and I did cut out what seemed to be the remaining part, which went very deep. When I had done this I found there was a prolongation of it inwards, under the angle of the jaw, different in its apparent texture from the part of the tumour that I had removed; that is, it was a soft bloody-looking, friable mass, surrounded by a thin white capsule, and it passed in the interval between the external and internal carotid arteries. I carefully dissected it from the surface of the arteries, and denuded both the internal and external carotids, and took away as much of the tumour as I could. When one is working among vessels of this kind it is not easy to get past them to come to the base of a tumour. I found, by inserting my finger, that the tumour extended to the middle of the vertebral column. I then went behind the pharynx, and broke down the adhesions of the tumour as well as I could, and fancied I had at length got the whole of it out. I then approximated the edges of the wound, and united them by suture. The gentleman lost an immense quantity of blood during the operation, but being a stout hearty man, this was favourable to him. When I examined the tumour, I found it with a texture resembling schirrus; it was of a light yellow colour, and rather firm, but in the centre there was a cavity, and the texture of the tumour assumed a bloody character. There was an intermixture of spots of coagulated lymph, and that part of the tumour that proceeded to the interior of the neck was of a decidedly bloody appearance, which might be set down as fungus hæmatodes, or not distinguishable from it. I showed this tumour to persons well conversant with the characters of these morbid affections, and they gave an unfavourable opinion respecting the nature and probable issue of the case. They considered that the texture was allied to fungus hæmatodes, and that those consequences which result from meddling with tumours of that class would occur. I should have observed that I

showed it to Mr. Wardrop, and he said that he did not apprehend any consequences of that kind. He said it was a sort of tumour he was familiar with, having seen instances of it in the neighbourhood of the jaw, and he thought the patient would do well; and so it turned out. The union went on favourably. I performed the operation in August 1826, and the patient was well and able to go about his business in less than a fortnight. I must observe, that in this case I noticed what I have seen in other cases where I have removed deeply-seated tumours—that the fascial nerve was divided, which was followed by paralysis of the muscles of that side of the face; the mouth was drawn aside, and the lower eyelid was affected so that the eye could not be closed. Now, since the time that I have mentioned, the mouth has come nearly straight, but the gentleman is not able to close the eye, as the orbicularis palpebrarum has not recovered its action; but he suffers no other inconvenience.

Mr. Abernethy has a class which he calls *cystic sarcoma*—that is, a tumour in which there are cysts; but the examples he gives consist of a deterioration of particular organs, such as the ovary and testicle, and so forth; which properly ought to be considered under the head of tubercles.

He has a class of *mammary sarcoma*—that is, a tumour in consistence like udder; about which I have nothing to say.

He has a set of tumours under the head of *tuberculated sarcoma*, which are developed in the lymphatic glands, and subsequently followed by the formation of numerous tubercles over the external surface of the body, and by death; after which, the existence of similar productions in a great number of internal organs is discovered—that is, in fact, this tubercular sarcoma is a kind of malignant tumour, according to the description of Mr. Abernethy, leading to the production of new growths in various parts of the body, and terminating life in that way.

Now I have seen a case which I suppose should be arranged under the head of malignant sarcoma, which had not that fatal termination; and which I shall mention to you, that you may not suppose too hastily that tumours which multiply themselves in various parts of the body, though attended with serious symptoms, are necessarily fatal; for the truth is, that in many of those diseases that are so important, we must not be too quick in generalizing, laying down rules for practice, and acting upon them, as if we understood the subject perfectly. I saw a gentleman who had a tumour on the inner and anterior part of the thigh, just above the knee. This tumour was seen by a surgeon of the very first eminence and most extensive practice, and who had a great general knowledge of his profession. It had formed spontaneously, and had increased rapidly; and he deemed it to be fungus hæmatodes. He represented to the gentleman that it was necessary that his thigh should be removed; and he made arrangements, in consequence of which this gentleman came to London and took lodgings, and a day was appointed for the operation. When the surgeon came to perform it, he hesitated. He had in his mind the fatal termination of numerous cases that appeared to resemble this disease in nature, and he made some excuse to the patient for not doing the operation that day. He subsequently proposed that a consultation should be held, in which four or five of the most eminent surgeons in London met to see the case, and give their opinion as to what was proper. These gentlemen met, and I think they included Sir Everard Home, Mr. Cline, Mr. Abernethy, and one other, beside the gentleman under whose care the patient was; at all events there were five of the most scientific men in London. They decided unanimously that the case was hopeless, and that no operation ought to be performed. The gentleman was advised to go back to the country, and they made up the best story they could to reconcile him to his fate, without telling him in direct terms that he went back to die. But when he got back, he began to see that death was the fate that awaited him. Now he was not quite disposed to acquiesce in this decision, and he determined to have the opinion

of two more surgeons. He requested the advice of Sir Wm. Blizard and myself. We went to the country to see him, and at that time there was a large tumour, of a bright red colour, in the situation that I have mentioned—the inside of the thigh, above the knee. There was also a tumour, the size of an egg, on the back of the pelvis; there was another, about the same size, on the loins, and another situated on the superciliary ridge. On the right or left side of the body (I forget which) there was a great variety of tumours; also on the arms and legs. The gentleman was worn down to the greatest degree of emaciation, by excessive pain and want of rest. He had a small and feeble pulse, profuse and foetid perspiration, got no sleep, and in fact he seemed just going into the grave. For my own part, the case appeared hopeless, and I said so. Sir Wm. Blizard did not go quite so far; he said he thought the case was as nearly desperate as it could be, but that there was a ray of hope if the thigh was removed. This was mentioned to the gentleman, who said that he would let us know the result of his determination in a few days. I heard no more of it; but I found that he had sent for Sir Wm. Blizard and had the limb removed. The loss of the limb was of the greatest service to him; it seemed to remove the immediate cause of irritation; he got sleep; in fact, the wound healed up, he got well, and after some time he regained his strength altogether. This operation was performed in the year 1819. About eight years after, the tumour over the eyebrow increased, and that was removed by the medical attendant where he lived. About a year afterwards, there was a tumour on the fore-arm that had extended considerably; it had attained the size of a walnut, and produced great pain up the whole limb—a kind of nervous affection. He sent for me to take it out. It was deeply seated and closely connected with the ulnar nerve; so much so, indeed, that it almost appeared to be developed in its substance. I had an opportunity of ascertaining that there was a tumour at the back of the pelvis, and one on the lumbar region; and in the same situation I felt a small one under the skin, and a great many tumours at the parts that I have already mentioned. This gentleman was not in a state of robust health, but at all events he was tolerably comfortable, and he owed his life to the operation of Sir Wm. Blizard, under circumstances which, according to the rules that are generally laid down, would have entirely precluded its performance. I mention this instance to show that you are not hastily to conclude that these cases, however malignant the character of the affection may appear to be, are altogether out of the reach of surgical aid.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 28th March, 1840:—

Epidemic, endemic, and contagious diseases	139
Diseases of the brain, nerves, and senses	169
Diseases of the lungs, and other organs of respiration	310
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	44
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c. .	11
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	0
Diseases of uncertain seat	145
Old age, or natural decay	78
Violent deaths	48
Causes not specified	4

Deaths from all causes

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SPIRIT OF THE MEDICAL PRESS.

CASE OF GLANDERS OR FARCY IN THE HUMAN SUBJECT. BY J. R. BRUSH.

JOHN Smith, æt. 30, was admitted into Pitcairn's Ward, St. Bartholomew's Hospital, January 23rd, with an indolent ulceration in the lower part of the left fore-arm, communicating with a fistulous passage, extending upwards between the muscles to a little above the elbow-joint. From this sinus there was discharged a quantity of unhealthy looking pus, the man being evidently in a bad state of health. States that he is a knacker by trade; that, about six months previous to his admission, he ran a splinter into his finger, of which at the time he took but little heed, but continued his usual avocations. On the day after the receipt of the injury the finger began to be very painful and inflamed, the pain extending up the fore-arm as high as the shoulder. In a few days matter formed in the finger, and the flexor-tendons sloughed. Soon after another collection of matter occurred in the palm of the hand; and, subsequently to this, two other formations, one in the lower part of the fore-arm, and the other at the lower and inner part of the arm, just above the elbow-joint. Was in the habit of taking large quantities of gin; in fact, a comrade of his, who was at the same time in the hospital, stated, that he never knew one of his age drink to such an extent. After the lapse of a few weeks, his friends noticed that he began to lose flesh, and decline in health; but he still continued his employment for nearly two months after the receipt of the injury. He became an out-door patient at the North London Hospital; had formations of matter in the finger, which were opened, but re-formed. Whenever the parts began to heal, says he became much worse in health, and that the pains in the arm increased. On one occasion the abscess in the finger healed, but a fresh formation of matter took place in the lower part of the fore-arm. About two months ago was admitted into St. Bartholomew's. The abscess in the finger and hand healed, but that in the fore-arm and elbow still remained open. He was nearly two months in the institution; when being in a bad state of health, and the abscess showing no disposition to heal, it was thought advisable to make him an out-door patient; which he continued to be for a short time, and was re-admitted on the 23rd of January. Poultices and warm formentations were applied to the arm, and the compound senna draught administered *pro re nata*. This treatment was pursued for a few days; but the sinus showing no disposition to heal, it was laid open; at the same time a more generous diet was allowed, and two grains of the sulphate of quinine three times a day,—sulphate of zinc-lotion and water dressings to the wound. Under this treatment the parts assumed a more favourable aspect, the sinus contracted, and the discharge considerably lessened. On the 19th of February, that is, a few days after the wound began to heal, the man complained of pain in the arm and shoulder, which, by the 20th, had extended up the side of the neck. In the course of the day he had a rigor, which lasted for a quarter of an hour or twenty minutes, and subsequently two other distinct attacks. On the following day complained of pain at the left angle of the lower jaw, in which situation the parts were swollen and indurated; leeches were applied and warm formentations, besides internal remedies. On the following day complained of pain in opening his mouth; the swelling had extended over the angle of the jaw, and up the side of the face, taking the direction of the parotid gland. It (the swelling) was of a

bright red shining appearance, indurated, and very painful on the pressure; the leeches and formentations were repeated, which, however, seemed to be of little or no benefit. The inflammation continued to extend, the palpebræ became involved and swollen, so as completely to close the left eye, from which a thick puriform discharge took place. The swelling and induration gradually extended forwards to the side of the nose. The integuments covering the swelling assumed a livid appearance, and ulcerated at various points, which gave vent to small collections of matter, presenting very much the character of carbuncle. The lips became very much swollen, and tubercular elevations formed on them, which rapidly passed into a state of ulceration. The mucous membrane lining the left cheek ulcerated, and portions of it sloughed; the disease extending backward to the posterior fauces. The patient was ordered strong beef-tea in addition to his other diet, port-wine, and the sulphate of quinine; a large linsced-meal poultice over the face, and the gargarisma sodæ chlorinata. Nothing, however, seemed to arrest the progress of the disease. He gradually passed into a low typhoid state; the breath became remarkably fetid, and was stated, by Mr. Charles Clark, an experienced veterinary surgeon, who saw the man two days before death, to resemble very much that of a glandered horse. Mr. Clark, also, immediately recognised the characters of the suppurative ulcers around the face and lips as similar to the peculiar appearance of farcy buds in horses. The tongue, the entire cavity of the mouth, and the teeth, were covered with a dark brown or black sordes; great difficulty of breathing came on, apparently from some obstruction at the orifice of the respiratory tube; the patient grew delirious, and expired on the following evening, being the 15th of the present month. The patient from the commencement of the affection to its fatal termination, had no discharge from the nostrils; did not complain, though repeatedly questioned on these points, of any pain in the joints or in the head, nor was there any affection of the absorbent glands, nor visible collections of matter in any of the external parts of the body remote from the disease—as in the groins, axillæ, &c. The poor fellow seemed conscious that the arm was the source of the mischief, and, during the course of the affection, complained of pains shooting up and down the member; stated that he was in the habit of feeding glandered horses, and examining them after death, which he continued to do for some time (about two months) after the receipt of the wound in the finger; expressed his firm conviction that he was labouring under that malady, which, he said, "would do for him at last."

Post-mortem Examination.—The left parotid and submaxillary glands were found indurated and adherent to the lower-jaw; their substance was thickly studded with numerous small collections of pus, varying in size from a pin's head to a split pea, and around these collections the substance of the gland was highly vascular, and presented a bright red appearance; of the two glands, the parotid was the most affected. The *alæ nasi* were livid, and had almost passed into a gangrenous state. Numerous tubercular elevations, which could hardly be said to have passed into a state of ulceration, were seen on the mucous membrane of the nares. The mucous membrane lining the larynx and trachea was much injected, and an ulcer was seen on it, just below the *rima glottidis*. Several small tubercles were seen at the apices of both lungs, which Mr. C. Clark stated were precisely similar to those occurring in the lungs of horses who had

died of farcy or glanders; certainly they were different from the ordinary tubercles found in phthisical subjects. The spleen was enlarged to three or four times its natural size, probably the effects of former disease, but in its substance there were found several small collections of pus. There was also a puriform deposit within, and in the course of, the splenic vein, especially where it emerged from the substance of the organ. The mucous membrane of the stomach did not present any unnatural appearance. There was no collection of matter in the hip-joint, nor had we reason to believe that any of the other joints were effected. The disease appeared to commence in the situation of the parotid gland, and from thence to extend to the mucous membrane of the nares and fauces. The chief peculiarity in the foregoing case seems to be the length of time which elapsed from the receipt of the injury to the first appearance of the symptoms indicative of this fatal malady.

P.S.—Since writing the above, I have ascertained the following particulars from the wife of the man:—About the middle of August, received the injury. Went, a week afterwards, to the North London Hospital, and had the abscess in the finger opened, and the nail removed. Continued his work for seven weeks, still making use of the injured hand, and then was admitted into St. Bartholomew's Hospital, on the 13th of October, 1839. Remained nine weeks in this institution; was then made an out-patient, which he continued to be till his readmission, which took place on the 23rd of January. From the time of his first admission into the hospital (13th of October) to the first appearance of the malady (19th of February), including a period of nearly four months, had entirely left off work; and during the time he remained an out-patient, had not been exposed to fresh contagion. The foregoing statement, as to the time the man was entirely out of employment, was severally corroborated by his former master and the club of which he was a member, and that in consequence he was placed on their pension-list, from which he continued to receive an allowance up to the period of his death. The nurse who attended upon John Smith, on the third or fourth day after his decease, perceived a small painful tumour near the axilla. On the two following days was subject to irregular chills alternating with heat of skin, and passed restless and sleepless nights. On the Saturday evening (March 21st) the arm was very painful, and an inflammatory blush appeared. On the Sunday morning, when she first directed our attention to it, nearly the whole arm, from the axilla down to the elbow, at its inner, anterior, and posterior aspects, had become involved in an extensive phlegmonous inflammation, bearing a close resemblance to that occurring in the face of the man already detailed, but much more rapid in its progress, considerable nervous irritation being present. There appears a strong probability that this affection is connected with that under which John Smith laboured. I am not aware, however, of any instance in which farcy or glanders (which appear to be of essentially the same nature) have been propagated from one human subject to another; and that whether, in case of absorption of the virus, the specific disease be communicated, or common phlegmonous inflammation be the result.—*Med. Gaz.*

The Jacksonian prize of the Royal College of Surgeons, for the year 1839, has been awarded to Mr. Rutherford Alcock, for his dissertation on concussion, and other forms of cerebral injury resulting from external violence.

TO CORRESPONDENTS.

DELTA will oblige by sending early.

J. K.—Mr. Lizars of Edinburgh, and Dr. Furnival of Liverpool.

Z.—Anything from his pen will be acceptable.

STUDENT.—The Registration is now in progress at Apothecaries' Hall. It is requisite to take the schedule. The last day is the 23rd inst.

MR. PARTRIDGE has now left the Charing-Cross Hospital, to assume his new post in Portugal-street.

ENQUIRER, DUBLIN.—The old 'settled institutions' alluded to, are colleges in which bye-laws can be conveniently manufactured for restricting medical education, and diverting into the pockets of three or four individuals, £15,000 or £20,000 in the shape of apprentice fees, for which no return is given; that they are public charities, in which lodgings can be let, and the rent gathered into private coffers, and on which sons and nephews and parasites can be quartered, without regard to the general good, or the claims of individuals; that they are laws and customs, which have the force of laws, whereby merit, and honest ambition to advance the interests of humanity, are postponed, in the distribution of honours and rewards to selfish cunning, and mean intrigue.

TESTIMONIAL TO SIR BENJAMIN BRODIE.—At the meeting at St. George's, after several speeches eulogistic of the worthy Baronet had been made, it was resolved that a subscription should be immediately opened, for the presentation to him of a piece of plate; that the contributions should be limited to one guinea each person; and that it should finally close on the 21st of October next. A committee and secretary were appointed to carry these resolutions into effect. They must collect a good round sum to pay for the advertisements which have been blazing away in the daily papers.

THE VERACITY AND PURITY OF THE LANCET.—Some short time ago, Mr. Dermott was unanimously chosen Member of the British Medical Association; and as it is customary to insert, in the following week's 'Lancet,' a list of the newly elected members, it was accordingly published, but with the omission of Mr. D.'s name. The inaccuracy of the report being mooted by some of the members, and complaints being muttered respecting the garbled statements of their proceedings, Dr. Green, who is Wakley's factotum, in performance of the impartial editorial duties of the seared leaf and falling Journal, confessed that he erased Mr. Dermott's name by the orders of Mr. Wakley, pleading as a justification, that Mr. W. bore a personal pique against Mr. D.; that Mr. D.'s name should not appear in the Lancet; that the Lancet was private property, and, therefore, they could do what they like with it. This was quite according to the Newcastle doctrine, "that a man can do what he likes with his own." The affair opened the eyes of some members who had previously been simple enough to suppose, that the journalist had a single eye to the public good, and that his labours as editor were public property. More recently there is a "Publishing Committee" established, to stuff into the press whatever statements the committee choose to get up; but the press possesses too much good sense to be hoaxed in that way; they must be present to report the proceedings for themselves. We need scarcely say that the said committee is packed.

ASSISTANT.—Yes; a "surgeon in the country" advertising for an assistant, declares "one who would render his services for a comfortable home, without salary, would be preferred!!" (Vide the Times of April 11th.) No doubt! Surely there can have been no lack of applicants, eager to accept such liberal and conscientious terms.

INQUIRER.—Yes, the Anatomical Commission has now terminated its secret sittings. Mr. Warburton from the commencement, was determined to protect his protégé—but the day of reckoning is at hand.

STAMPED EDITION

OF THE

MEDICAL TIMES.

WE have much pleasure in announcing to our supporters, that our STAMPED EDITION is now ready. The Stamped Copies will be charged the price of the Stamp extra, and thus for Fourpence the Journal may be sent to any part of the Kingdom, the Colonies, and France, POST FREE. The ordinary edition will continue as before, price THREEPENCE.

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A Half Sovereign (which may be sent for a single postage) will pay Thirty Weeks' Subscription, or any Gentleman wishing to be supplied, may deposit in the nearest post-office the amount of Subscription for what period he thinks proper, and ask of the Postmaster an order on the London Post-Office in favour of the Proprietors of the 'Medical Times.' This order will cost sixpence, which may be deducted from all Subscriptions of six months and upwards. It will be furnished upon a sheet of letter paper, in which the Subscriber can write his name, address, and post-town. He has then only to fold it into the form of a letter, direct it "Medical Times, 10, Wellington Street North, Strand, London," and return it into the hands of the Postmaster. The order will be complied with by return of post.

THE MEDICAL TIMES.

MEDICAL REFORM NOT A PARTY QUESTION.

THE newspapers are announcing day by day the presentation of petitions from all parts of the three kingdoms, to both Houses of Parliament, praying for reform in our medical institutions. As the profession and the public are bestirring themselves to press for the realization of a better state of things, it becomes a point of the greatest importance to divest the question of all traces of partizanship—to relieve it of the consequences which might otherwise result from its having heretofore been advocated in the House of Commons, by individuals holding peculiar political opinions, and attaching themselves to a particular political party. It is unhappily notorious that upon the introduction of a question into the Legislature its first character and ultimate fate are too often determined, rather by the position of the member and the power of the party to which he may be attached, than by its bearings upon our social arrangements, or its influence upon the welfare of humanity at large. Like other rules this one also has its exceptions, and we sometimes see the British Parliament occupied, as the chosen representatives of a great and civilized empire should be, debating upon the best means of carrying out the acknowledgment and securing the recognition of some great moral truth, or anxiously making full and generous recompense for some act of outrage or injustice. That such may be the tone and temper with which the question of Medical Reform may be received and conducted is our most fervent wish—that such *should* be the character of its reception and arrangement, a moment's reflection must convince the most sceptical.—The amelioration of the laws which regulate the profession of medicine, and the revision of enactments made for the conservation of the public health,—the re-adaptation of our medical statutes, to the alterations which time has not failed to work in our social position and relations, can scarcely be distorted into a party question, and should not therefore be treated as the job or bantling of a political clique. The question is not between medical man and medical man—not between Dr. This and Surgeon That and Apothecary Other—it is not even a question of money, or interest, or privilege between the medical profession and

their patients, the public;—but, it is a question which involves in its broadest extent, the great interests of humanity, affecting each and every individual in the community,—from the highest to the lowest, from the palace to the cabin, from the monarch to the meanest subject; all who exist upon the frail tenure of humanity, all who possess life, all who are born, and live, and die, are interested in the examination and proper settlement of this vital question. Let not hasty or injudicious steps on the part of those who feel its importance, lead to the identification of Medical Reform with political party. Let this one question be discussed apart from the broil and temper of partizanship. Let the question be taken upon its own merits. It is equally unallied in its nature to Whig and Tory—to Chartist or Radical—to ministerial or opposition benches. From the moment of birth, when the frail morsel of humanity commences its career of life, to the moment when the frame lies trembling and convulsed with the last pang which nature pays to death—over the whole span of existence, it is important that the healing art be properly understood, and honourably, and skilfully, and faithfully applied by those whose duty it is to bring its benignant aid to lighten the load of suffering. Such aid cannot now be secured—such assistance might be, but is not available. To secure that aid—to render prompt and certain that assistance, a medical reform is requisite. IT IS NOT, NOR MUST IT BE MADE, A PARTY QUESTION.

SPREAD OF FEVER THROUGHOUT THE COUNTRY.—We regret to be obliged to state that very unfavourable accounts of the public health have reached us from many parts of Ireland. An epidemic fever, of a bad type, is prevalent in several districts, and in proof of its severity, we have melancholy evidence in the mortality which has lately occurred among our provincial brethren. We are, ourselves, aware of no less than eight deaths of medical practitioners, from fever, during the last two months; all the sufferers being healthy men in the prime of life, and most of them, we believe, officers of medical charities. Some exertion in the matter is now urgently required, and we shall feel much obliged if our readers will convey to us, as early as possible, any information they may possess, as to the existence, extent, and mortality of the disease in their several districts, and also, as to the state of the poor with respect to food, fuel, &c. Brief reports upon these subjects will be thankfully received and acknowledged, and if promptly given, may enable us to serve the poor, and probably to lighten those labours, which, in such seasons, never fail to press heavily upon the profession.—The following is Dr. Kingsley's report of the state of the Roscrea Fever Hospital, on the 1st of the present month; such concise information could be readily furnished by the officers of every medical charity in Ireland:—"There are 59 patients in the fever hospital, the expenditure of which is unusually great, as we are obliged to purchase an outfit of bedding, blankets, sheets, coverlets, &c., for every patient admitted over 25, being the highest number we were prepared to receive upon the first outbreak of the present malignant epidemic fever.—The subscriptions to meet these extraordinary expenses only amount to £166 19s. 8d.—The attendance of patients at the dispensary on each day that it is open for them, amounts to about 238, or over 700 per week, and to supply them with medicines we have but a subscription of £12 11s 1d."—*Dub. Med. Press.*

THE RECENT APPOINTMENT OF PHYSICIAN TO CHelsea HOSPITAL.

ALTHOUGH it has always been our avowed determination to keep aloof from subjects of a political character, yet when questions occur in which the interests, or it may be the honour, of the medical profession are concerned, no consideration shall deter us from inquiring into them, entangled howsoever they may be in the meshes of party. We therefore allude to the permitting Dr. Somerville to retire on *half-pay*, from the honourable, the lucrative, and *easy* post of physician to Chelsea Hospital, after granting him a pension of £600 per annum for his services on the Medical Board; and the substituting in his place, not an individual of known experience and reputation, of acknowledged abilities and skill,—not one, who having devoted his life to science, may have failed to obtain his reward in honours and worldly independence,—but a person whose name perhaps has never even been heard beyond the circle of his own friends and connections; “an *assistant-surgeon* of the 79th Regiment, whose diploma was granted him only twelve years ago, and who was elevated to the humble condition of *hospital-mate* in August, 1827,”—to wit, DR. DANIEL MACLACHLAN. The *Times* of the 13th instant, writing on the subject, very properly asks, “who is Dr. Daniel MacLachlan, that for him all the old and eminent staff-surgeons of the army should be contumeliously passed over? Who is this DANIEL, so honoured in his namesake, that for him the present deputy or assistant-surgeon to Chelsea Hospital, who has held his office for twenty years, should be so ostentatiously slighted? The surmise is, that he is in some shape or other connected with Dundee, and that the practical and personal economy of Sir Henry Parnell may have had its influence in suggesting to him the usefulness of such an employment of his official patronage.” Sir Henry is the member for Dundee, and the appointment in question is vested in his hands! Again hear the *Times*: “The post of Physician to Chelsea Hospital has always, heretofore, been assigned to men of long experience and professional reputation, of whom Dr. Somerville himself we suppose was one. The King, on a vacancy, was accustomed to name his own serjeant-surgeon; and by his sign-manual WILLIAM CHESELDEN, JOHN RANBY, ROBERT ADAIR, THOMAS KEATE, and SIR EVERARD HOME, all men of great and acknowledged eminence, have filled this heretofore distinguished office. In fact, it has always been looked upon in the profession as a dignified and valuable retreat for medical men who had risen to a high station by their abilities and practice. It has been for old physicians or surgeons what the government of Greenwich Hospital had, in better times, been for old and illustrious flag-officers—a harbour of security, repose, and independence.”

In the course of an inquest held on Tuesday last, Mr. Wakley refused to allow the usual fee to a medical gentleman, one of the witnesses, on the plea that he had not been summoned by his (the Coroner's) order; and after talking a good deal about economy, and expounding the law relating to medical witnesses, took the opportunity to recommend to the profession to peruse the “Medical Witnesses' Act,” which he had himself introduced into the House of Commons.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, April 9:—Percival Godfrey Price, Margate; Samuel Brooke, Margate; Frederick Harding Lerew, London; William Blackburn, Yorkshire.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER IX.—HOW THE MEDICAL SOCIETY COMMENCED, AND HOW IT ENDED.

IN every hospital that I have ever attended in my official capacity of injector of bodies, poisoner of cats, or bringer-in of half-and-half, it has fallen to my lot to observe a set of young men so very much alike in all their characteristics, that I have classed the species under the general name of *potterers*. They are generally very *nice* men—black frock coats, satin stocks, thin legs, clean boots, and unwhiskered cheeks; and they delight to walk about the wards with stethoscopes in their hands, and big books under their arms, toddling after the physicians and surgeons like ducks going to a pond to drink, or making great friends with the resident medical assistants, and holding the blue and black check morning gown of the house-surgeon in most especial veneration—the *oriflamme* of their hospital crusade against the patients' diseases. Time rolls on—their companions pass or get plucked—new faces supply the places of the old ones in the school, but the *potterers* still remain, walking round and round the wards, taking minute notes of how many times the man in No. 6 coughs in an hour, and if the woman in No. 15 feels better now her porter is taken off, and she is put upon half diet. The *potterers* have various objects in view: some are young physicians with nothing to do, whose fathers allow them to put a brass-plate, with “Dr.” before their name, on their street-doors; others are young “pures” in a similar situation, who stay at home from nine till twelve in the morning, vainly expecting people will come and pay them the same fees that they pay the first men of the profession; and others again are looking forward to some future day when they may be elected assistant-surgeons, for which purpose they enrol their names as governors, and cultivate great acquaintance with the old boys in powdered heads and black cloth gaiters who come on Board days. Mr. Piddy and Mr. Crips were two great *potterers* at our school: they recollected every case in every bed in every ward of the hospital for the last six years, and they had been “well in” at every post-mortem down stairs in the dead-house during the same period. Mr. Piddy had gone so far as to invent a machine for keeping people awake after they had taken opium, something like a musical snuff-box, which screwed on the hand, and being set in action run pins under the finger-nails: and one day at the Board Mr. Crips exhibited a bed of his own contrivance for administering *enemata*, which on the patient being secured with straps, turned right over on a winch, so as to come bottom upwards; and which, moreover, the first time it was tried failed dismally, inasmuch as they forgot to secure the hospital porter properly (who was called in to act the part of the patient), and on turning the frame round, shot him clean out upon the floor, bed, pillows and all; an eccentric operation, that the governors deemed not altogether beneficial in cases of bad fractures, or ruptured blood-vessels, and so the plan was never properly worked out. Neither did Mr. Piddy's triumph of mechanism get on much better; for on being tried in two cases, it certainly kept the poor intended suicides awake, but each died of lock-jaw a few days afterwards, a singular coincidence which nobody could account for.

Finding their plans did not thrive so well as they anticipated, Mr. Piddy and Mr. Crips turned to literature, and wrote such wonderful cases as never were, which they copied out very nicely and sent to various medical periodicals. Mr. Piddy treated of a most interesting case of

itch, that finally yielded to an ointment composed of lard and sulphur; and Mr. Crips wrote an account of a ringworm that never yielded at all, until the patient tumbled under an omnibus one day in Holborn and got completely scalped, after which he never had the ringworm again in his life-time—a period extending some thirty hours after the accident. But even now their talents were not appreciated—in vain they wrote, in vain they perpetually carried their stethoscopes about with them—in vain they endeavoured to hear bells ringing in the lungs, or bellows blowing into empty bottles in the pleura—no success attended their pathological inventoid observations; but, still thirsty for medical fame, they determined, as a last resource, to get up a Medical Society, and indulge the minor pupils of the hospital with an account of their own thoughts and views on medical subjects in general.

A meeting of the students was accordingly called, and a variety of laws drawn up, for observance of the members. The entrance-money was to be five shillings, part of which went towards lighting and warming the pupils' room, solicited for the occasion; and the remainder was to form a fund, to be expended in such manner as a majority of the members should decide upon. Any one absent, without illness or a midwifery case, was to be fined sixpence, and if any member was away thrice without paying, he was to be no longer considered as belonging to the society. All the medical officers of the hospital were to be named as honorary members, and Mr. Snipliver was to be solicited to become honorary president. In every medical school there are two parties (at least in all I have ever seen), and of course there were as many against the formation of the society as there were for it. But where Messrs. Piddy and Crips had expected greatest opposition, to their surprise they found their warmest supporters, for Swubs, Huggles, Okes, and Macarthy, all enrolled their names directly, and even used their energies to procure fresh members. What their aim was we shall see hereafter, but most decidedly it was not love of medical science.

The first evening meeting arrived, and a written information was locked up in the notice cage, announcing that a paper would be read by Mr. Piddy upon Aneurism. During the morning that gentleman was observed to be in a state of feverish anxiety, walking rapidly up and down the courtyard of the hospital, in close conference with his friend Mr. Crips. What passed between them the majority of the pupils were ignorant of; but when all the lectures were over and the school cleared, they came down into the dissecting-room and began conversing freely, not paying the least attention to my presence, or aware that I understood what they were talking about. Mr. Piddy, it seemed, was to advance some new theory which Mr. Crips was to contradict; then Mr. Crips was to mention some peculiar case of high bifurcation which Mr. Piddy was to doubt; and lastly, if any of the other members seemed inclined to mistrust their theories, both were to unite together and crush the opponent by their combined affirmation of remarkable cases that tended to upset his contradictions.

Mr. Snipliver condescended to take the chair that evening. Most of the members were present, and Mr. Piddy, as the hospital clock struck eight, drew a very nicely written MS. from his pocket, and tried to look as unconcerned as he could, while Mr. Snipliver proceeded to deliver a sort of introductory address, which was a compressed condensation of his opening lecture of the season. When

he concluded, the gentlemen expressed their approbation of his eloquence by stamping with their feet on the ground, and as the murmur of applause died away, Mr. Piddy commenced. He defined Aneurism as a pulsating tumour, and all the rest of it; and the Windmill-street man, who had found his way into the society, attempted a joke about an aneurism being a bloody swell, which meant Mr. Okes in his Boulogne boots; but his whisper was speedily silenced by a look from the chairman. Then Mr. Piddy proceeded with all sorts of cases, and, as I have informed you, Mr. Crips contradicted him, just as if they had not thought about anything of the kind before; and next some new man attempted to quote "Cooper's First Lines" in opposition, but forgot the treatment, which produced much quibbling on all sides; and then four rose to speak at once, and there was great confusion, until Mr. Piddy agreed to refer the decision to Mr. Snipliver. But this was not easily to be done, for Mr. Snipliver had fallen fast asleep after the first five minutes of the debate, having left his dinner-table and port wine, to be present. Of course they could not awake him, and a general titter ran round the assembly, whereupon Mr. Piddy waxed very wroth, and begged those members who felt no interest in the question would leave the room. At this intimation Mr. Macarthy took up his hat and marched out, asking Okes and Huggles, in an audible voice, if they would come half-price to the Adelphi, because if they would he would stand a pot on the way down. The two latter gentlemen followed him, and Mr. Crips moved that the debate might be adjourned until the next week, and begged to suggest the propriety of throwing a form down by accident, that its noise in falling might rouse Mr. Snipliver—a proceeding which was unanimously agreed upon. The operation succeeded, and after a vote of thanks had been passed to Mr. Snipliver for his able conduct in filling the chair, (which was duly registered by the secretary in a two shilling cyphering book, purchased to contain the proceedings,) the meeting separated.

Medical societies are not very exciting affairs, to say the best of them; and this particular one was not more amusing than its fellows. Somehow or other, however, a paper was read every week, being, in most instances, a careful compilation from different works, most ingeniously disguised to represent the reader's own ideas on the subject, and every week the deluded members departed with the notion that they had imbibed a great deal of knowledge from listening to them. Random shots, too, were occasionally taken at parallel cases in the hospital; and Piddy and Crips, if they could not find a case to suit them, very properly made one out of their heads, and placed its epoch some three or four years back, as occurring in the No. 3 bed in —'s ward, well aware that no one present recollected so long ago. Neither Okes, Huggles, Swubs, or Macarthy, attended after the first two or three meetings; but what was most singular, they regularly sent their fines for being absent, and generally expressed great interest in talking of the number of members present, and the nature of the papers read.

The end of the season at last arrived, and with it the close of the proceedings of the Medical Society. A day was fixed upon for the members to meet and consider in what way the funds in hand, amounting to some few pounds, should be applied, and the treasurer was requested to give in a statement of the receipts and expenditure, for the approbation of the committee. For some days previous I had seen Mr. Okes talking to his friends with a sly leer on his countenance, and I anticipated some

upset to the expected even tenour of the proceedings, well knowing the frolicsome disposition of his party. I believe Mr. Piddy intended to purchase books with the money in hand, to be kept at his house and lent to the members as occasion required. There was also some talk of giving each of the professors a silver lancet case; and as Dr. Catchmole had been the longest in the school, his arms were to be engraved on his own present, in addition to the other inscriptions, consisting of a fœtus rampant between two blades of the short forceps. Motto—*In te spero*. Some thought it would be a good plan to give the money to the hospital, in the names of the pupils, and others recommended it should be put in a Savings' Bank in St. Clement Danes parish, to increase against next session, as the present one was just closing. Okes and his party never gave any opinion at all upon the subject, but I saw they were quietly driving at something, which they did not wish known.

The treasurer of the society was in reality a very jolly fellow, but being house-surgeon, he could not let out like the others, and accordingly was accounted very steady and trustworthy. The evening before the day appointed for the meeting of the members. Mr. Macarthy went up to his room in the hospital, and catching him alone, began to unfold his plans for the appropriation of the funds—of course in strict confidence. He found Mr. Randle (that was the house-surgeon's name) eating some broiled mutton kidneys for tea, whilst he was injecting some human ones to make corroded preparations from.

"Halloo, Mac," said Mr. Randle, as his visitor entered; "what brings you here?—how are you?"

"Tidy," was the reply; "how's your bowels?"

"Oh, I don't know," returned Randle, "all no-how, like a parboiled placenta. But what's up now?"

"Faith, a good deal," said Mac. "I've a great lark in my head, only I want you to help me, about the Medical Society. How many members are there now in it?"

"You'll find a list in that drawer," said Randle. "I think there's about thirty."

"Very well," retorted Mac, producing the document; "and you are to give in your report to-morrow—is it not so?"

"I am—unless you don't wish it," said Randle, winking at the other slyly.

"That's just it, my boy. You must get old Phumylobe to give a clinical lecture at the hour they have fixed upon. Tell him the pupils wish it, and he will be sure to do it."

"Well, and what then?"

"Why, look at this. You can say you were not quite prepared with the accounts, because you've been mighty busy of late, and I will move an adjournment until next Friday. It will be sure to bite."

"But Dr. Philanthus is going to give a dinner on that day, I believe."

"That's just it," said Mac; "nobody knows it yet, except you and I. Wilson told me, who's one of the Doctor's house-pupils, and I suppose that's how you knew it."

"Yes, he told me too," answered Randle, as he snipped little bits of fibre off his preparation.

"Very good," said Mac. "Now, you see, he'll ask Piddy and Crips and their party, because he did not last time. Okes and Huggles and all our set were there, so they will not be invited now; and therefore, if we fix that day, they won't postpone it again, and we can do as we like. They're low varmint, the whole bit of them."

"But what are your present plans?" asked Randle.

Macarthy briefly explained them. What they were, remains to be unfolded to the reader, but the issue will clear up all his conjectures on the subject. In a quarter of an hour he had imparted all he intended to do to Randle; and having done so to his satisfaction, went home, for a wonder, to his lodgings, to grind up the decompositions of the *metallica et eorum preparata*.

ROCKET.

REMARKABLE CASE, ILLUSTRATING THE IMPORTANCE OF MEDICAL EVIDENCE.

COMMUNICATED TO THE 'MEDICAL PRESS' BY DR. BULLEN, OF THE CORK INFIRMARY.

[Continued from p. 33.]

A REPORT of Sarah Fleming's trial has never been published, as the evidence was too disgusting for the columns of a newspaper. Many members of the bar have since applied to me for information respecting this extraordinary case, and asked me to prepare a report of it; but I felt it to be a painful and revolting task to describe details of such unparalleled depravity. It is, however, a duty to society to make known these cases of moral monstrosity, for the light thus thrown upon the credibility of evidence in charges of rape and unnatural crimes, where the accusing party is of doubtful reputation, must materially assist in furnishing counsel with the best means of defending innocent persons from the deliberate and artful perjuries of abandoned accusers. The crime of rape, being generally committed in secrecy, and against the weakest sex, the law allows the testimony of the injured person to be sufficient, unless impeached, to convict the criminal. Even the bad character of the prosecutrix does not palliate the crime, if the unlawful purpose is effected by violence and opposition to her will. While the law thus wisely protects the virtue of the female sex, many inducements are presented to reckless and unscrupulous individuals to make false accusations for the gratification of malice and revenge. In this country it is every day becoming a more prevailing practice amongst the lower orders to prefer indictments for rape upon the most frivolous pretences, with the intent to compromise the prosecution by marriage. The facility with which magistrates entertain accusation of violation, loads the calendar of the country with an apparent number of crimes, which when examined in the courts of justice, prove to be cases of comparatively venial character.

Mr. Justice Perrin, in his charge to the Grand Jury of the county of Clare on this present circuit, remarks—

You ought to weigh the evidence offered calmly and dispassionately, and investigate into the credibility of any witnesses you examine. This remark emphatically applies to alleged cases of female violation. This is a crime of the deepest atrocity, and one that calls most loudly for severe punishment, where a clear case is established; but a charge of this nature is sometimes trumped up to palliate female levity or shame, and assumed for the purpose of working on broken faith and violated promises. I have been induced to dwell longer on this matter from the apparent carelessness of the magistrates of the county, who, in some instances, return the informations in such cases, merely stating that the person had been laid hold of, and violated, without entering into that inquiry calculated to elucidate the facts of the case.

Mr. Moore, in his charge to the Limerick Grand Jury, on the same circuit, said—

Gentlemen,—There is one crime, in particular of which I see seven cases on the calendar—mean, cases of rape. It is a charge more frequently preferred than any other in latter times, from the facility with which the charge can be preferred

by the prosecutrix, while there is considerable difficulty on the part of the prisoner to defend himself. In these cases there is seldom a third party concerned—there is but one witness, and that is the person making the charge, while the unfortunate prisoner cannot be examined on his part. There is but one witness, and that is his accuser.

As this crime is presumed to be effected with violence, not only to the organs of generation, but, in the struggle and resistance, to the limbs and body of the accusing party, the safest and most conclusive test to which the truth of the charge can be submitted, is the immediate investigation of the person of the female by a competent medical practitioner. There are few occasions on which the medical jurist can more effectually aid the ends of justice in securing the punishment of the guilty, and in saving the lives of the innocent. At this time, when the science of forensic medicine is zealously cultivated and encouraged in every civilized country—and when a wise attention to the just administration of the law induces governments to promote the application of the different branches of medicine to elucidate the various doubtful questions arising in courts of justice, a widely different policy is beginning to prevail in Ireland. A great number of prisoners are arraigned, every assizes, before the judicial tribunals in this country, on charges of homicide and rape. These are the cases in which, above all others, the testimony of a medical authority as to the physical evidences of the crime is absolutely required. The systematic hostility, however, displayed by the magistracy and the rate-payers to compensating medical witnesses for their attendance at coroners' inquests, and in courts of law, and the humiliating manner in which their just claims for remuneration are received, naturally indispose the more respectable and intelligent members of the profession from undertaking the care of any case, in which questions of medical jurisprudence may arise. Every public functionary engaged in the dispensation of justice is adequately paid for his services, except the medical witness, upon whose judgment and sagacity the life and death of the accused depend. Upon him devolves the most awful responsibility a human being can discharge, and yet, when the inquest is over, he must plead for his pitiful fee before the rate-payers, who acting upon the single idea to reduce the burden of the county cess, care but little whether the ends of criminal justice be satisfied or not. If the accurate examination of the dead body by a competent medical practitioner is necessary in suspected homicide to determine the cause and manner of death, the immediate inspection of the person of the accusing party is not less necessary in rape to substantiate the charge and justify the committal of the accused to prison. To conceal the crime for any time after its perpetration, properly throws discredit upon the subsequent testimony of the female. It is presumed that an innocent and injured woman must be anxious to vindicate her reputation, and to throw herself with eagerness upon the protection of the law. This assumption attaches additional value to immediate medical inspection; for it is while the physical traces of violation are palpable, and the bruises and other marks of violence on the person are recent, that the nature and true character of the offence can, in most cases, be satisfactorily tested. As the duties of the magistrates are very generally discharged at the petty sessions, considerable delay may sometimes take place between the violation of the female, and an opportunity occurring for directing a medical examination. It may, however, be supposed, that the police

must obtain the earliest intelligence of the commission of the crime, and be thereby enabled to procure such prompt investigation into the real circumstances of the case, as would determine whether rape had been committed or not. A general instruction to the constabulary, authorizing them, on every charge of rape, to require the accusing party to submit, at once, to the examination of the nearest medical practitioner would offer an effectual check to frivolous accusations; and where lawless violence had been committed, would afford the most explicit confirmation to the testimony of the injured person.

The most striking proofs of rape occur where it has been the first connexion on the part of the female. In married women, and in those accustomed to sexual intercourse, the detection is much more difficult. Many jurists have expressed doubts whether a rape can be consummated on an adult female in good health and strength. Terror and agitation may, perhaps, cause a young girl to fall into a state of helpless syncope; but an experienced matron will struggle in the defence of her virtue, and not succumb unless force be exercised by blows and actual injury so as to leave indisputable traces upon her person of the violence of the aggression. An accusation of rape brought by a prostitute against a single individual can scarcely be entertained, unless it is proved that the act was accomplished by some peculiar atrocity, such as having produced previous insensibility by violence or soporifics. The proofs of injuries of this description having been inflicted by the prisoner upon the accuser, would offer a strong corroboration to the validity of her testimony. Many persons may combine against a female to commit the crime; and if she be violated by several persons in rapid succession, the injury produced, and the consequent marks of violence, will leave little doubt of the nature of the outrage. These are cases of extremely rare occurrence, and a conviction for the capital offence ought never to be obtained, unless the facts, as detailed by the accusing party, are fully confirmed by a medical investigation.

On the 21st of May, 1839, a woman of the name of Ellen O'Brien came under my care at the Cork North Infirmary. She was about thirty years of age, of low stature, but an extremely stout frame—she had borne one child some years before;—this woman had been a prostitute for a considerable time. On the 26th of December, 1838, she was seized by a group of market boys in the town of Kinsale, dragged into a retired place, and forcibly ravished by eight of them. Two of these men perpetrated the crime twice—to escape from her brutal assailants she took refuge in the gaol of the town. Although this unfortunate woman must have been evidently suffering from the shocking treatment she received, and had at once claimed the protection of the law against a number of men whom she charged with a capital offence, nearly five days were allowed to elapse before Dr. Edward Jago was called upon to make an examination of her person. If a similar delay had occurred in the case of Sarah Fleming, and the time had been allowed to pass, in which a medical witness could positively decide upon the absence of marks of violence upon her person, a capital conviction of the Callaghans would, in all probability, have been the result. Dr. Jago found her labouring under much pain of the chest, and difficulty of breathing, arising from the contusions she received. On examining the genitals, they presented the usual appearance exhibited by these organs in females of a loose character, but the uterus protruded

largely, and was with some difficulty replaced. There was also an ichorous discharge from the vulva, and she complained much of dysuria—the more urgent symptoms were, after a time, relieved by the treatment adopted by Dr. Jago. This woman positively and perseveringly asserted, that the prolapsus uteri was the result of the brutal attack made on her, as she had never observed or suffered from any affection of the kind before. At the spring assizes three of these men were tried for rape, capitally convicted, and sentenced to be hanged. The sentence was afterwards commuted to transportation for life. Another of them awaits his trial this assizes. When Ellen O'Brien came under my care, the uterus was protruding and enlarged to three times its natural size. It was in a state of chronic inflammation, exceedingly tender to the touch. This woman was occasionally seized with violent paroxysms of periodic pain in the uterus, attended by spasmodic contractions of the abdominal muscles and severe vomiting. The bladder was in a state of extreme irritability. By means of cupping the loins, keeping a perpetual blister over the sacrum, and putting her under an alternative course of medicine, the inflammatory affection of the uterus was reduced. The sensibility, however, of the organ continued so excessive, that she could not bear the slightest mechanical support. A pessary caused her unendurable agony, and even a graduated compress upon the perineum, after the principle of Dr. Hull's uterine supporter, could not be borne. After some months, this woman was transferred from the Infirmary to the gaol, in consequence of having made a violent assault upon one of the nurse-tenders. She was much relieved, but incapable of making any continued exertion in the erect position.

The following case offers another strong illustration of the extensive injury inflicted upon a female, when violated by a number of persons. About two years and a half ago, a young girl was brought to me at the Infirmary by her mother. She was seventeen years of age, and extremely well looking. This young woman was a servant-maid in the house of a respectable family, and had obtained permission, the day before, to go with some companions to the Cork races. Towards evening she went into a tent on the race-course to take refreshment, and having danced a good deal, drank freely of porter. She felt herself growing confused and giddy, and was laid upon some straw in the corner of the tent to sleep. She could not tell how long she slept, but after a time was rudely awoken by several men laying hold of her. One of them fastened a handkerchief round her head so as to prevent her crying out—others seized her by the legs and hands, and another violated her. She became insensible for awhile, and on recovering consciousness, was aware that another of the party was committing the offence. She could not tell how often the act was perpetrated, nor could she identify any of the persons who injured her. I do not vouch for the strict accuracy of this part of her history, but on making inquiries amongst her friends, the particulars I collected confirmed her statement. When I examined her at the Infirmary, I found the genitals bloody, inflamed, and painful—there were marks of a recently ruptured hymen—the fourchette was torn, and a deep dusky inflammation affected the labia, nymphæ, and perineum—a bright erythematous inflammation was diffused over the groins, down the thighs, and up the abdomen. She was placed in bed—bled from the arm—freely purged, and cold wash applied to the parts. In defiance of the most active treatment, ulceration rapidly suc-

ceeded, and the clitoris, nymphæ, perineum, labia, and mons veneris sloughed away, leaving the pubis exposed. After a long and painful struggle, this great ulcer cicatrized, and she left the hospital with only a small orifice preserved by keeping in a bougie, to give transmission to the catamenia. At no period during the progress of the case, could I recognise any symptoms of syphilis. The aspect of the ulcers, and the appearance of the inflammation of the surrounding parts, were very similar to what occurs in that mortification of the pudenda, which takes place in eruptive fevers of a peculiar description. This disease, which has sometimes been mistaken for the consequence of violence done to the parts of generation, has been described by Mr. Kinder Wood, in the *Medico-Chirurgical Transactions*, and by Mr. Lawrence in his lectures on surgery. The cases, however, detailed by Mr. Wood, occurred in young children between one and six years of age.

There are few occasions on which the medical witness is more embarrassed in attempting to form a positive opinion as to the degree of criminality which has been perpetrated, than in cases of criminal assault upon young girls before the age of puberty. At that period of life the female organs of generation are extremely liable to inflammation from a variety of causes, the results of which present a train of symptoms and appearances, which can with difficulty be distinguished from venereal gonorrhœa. Within the last few years I have seen three cases, in which young girls, between the age of nine and eleven years, were infected with gonorrhœa, in consequence of criminal assaults being made upon them. In each of these cases the connexion was imperfect, and although gonorrhœa was communicated, the violence used did not afford sufficient evidence of the fact of penetration, to sustain the indictment for rape. A most mischievous notion is very generally entertained by the dissolute amongst the lower orders in this country, that if a man or woman, suffering from gonorrhœa, succeeds in giving the disorder to a healthy person, and more particularly to one who never had connexion before, the affected individual parts with the disease, and a rapid recovery ensues. This wicked delusion, in many instances, induces profligate persons labouring under gonorrhœa to abuse young girls, without, however, using sufficient violence to effect penetration, and yet communicating the disease by bringing the organs of generation into contact. This is a great crime, and loudly calls for the heaviest visitation of the law, short of capital punishment. In the cases that came under my own observation, in which girls of a very tender age were infected with gonorrhœa, the disease assumed a highly inflammatory character, and the genitals became the seat of very malignant ulceration—sloughing with an extensive destruction of parts took place, and the lives of the young sufferers were for a long while endangered. The individuals charged with these outrages were tried, but the fact of penetration not being clearly proved, convictions could only be obtained for misdemeanour. The medical investigation in cases of this description requires to be conducted with extreme caution. Young girls of a strumous habit, are very liable to a purulent discharge, accompanied with inflammation about the vulva. These appearances, in a child, sometimes offer a strong temptation to a depraved mother to make a false accusation, in the hope of extorting money by a compromise. Unless the person charged with the criminal assault is proved to be labouring under the disease at the time at which he is charged with committing the offence, and the collateral circumstances satis-

factorily corroborate the accusation, the mere fact of a muco-purulent discharge in very young females, even though there be considerable inflammation and dysury, does not establish the existence of venereal gonorrhœa.

6, Camden Place, Cork, March 10, 1840.

SKETCHES OF FRENCH SURGERY AND SURGEONS,

BY AN AMERICAN.

To those who are in love with Continental Schools of Practical Surgery, the following sketches by an American Physician, Dr. Harlan, published in the 'Medical Examiner,' of Philadelphia, may not be devoid of profit. We would earnestly direct attention to his observations. There is a growing disposition in this country, a disposition, unfortunately fostered by some, to look with admiration on Foreign Medicine, and more particularly on Foreign Surgery, and to imitate that mere *artiste-like* skill, mechanical dexterity, and disregard of the *scientific* treatment of disease, which have hitherto contrasted slowly with the useful and honourable, though not the showy characters of English practice. Let us hear from an eye-witness what Parisian Hospitals and Parisian Surgeons are:—

Parisian hospitals and French surgery might be presumed, *à priori*, to be the first objects of attraction to a practical surgeon; but I cannot but confess that a longer acquaintance with them, a more extended course of investigation, and a more familiar intercourse with their most eminent teachers of surgery, have in no small degree lessened the admiration with which I once viewed the *éclat* generally attributed both to the men and the institutions. It is true, we cannot too much admire the long continued and laborious application by which they have attained perfection as anatomists, and the consequent manual dexterity in operations, so universally admitted as a distinguishing characteristic of French surgeons,—and here there dexterity or superiority ends. Not only so: this dexterity itself has been obtained at the expense of principle and at the expense of life; thousands are annually consigned to a premature grave by operations not always necessary to be performed at all, or improperly timed, or performed in cases that must terminate fatally, with or without operations. The mortality occurring at the Hôtel Dieu, perhaps one of the best, is absolutely frightful in amputations alone; the surgeons admit a loss of ninety-five per cent.; and one of the internes admitted, that during his residence for one year at the Hôtel Dieu, not one case of recovery occurred after amputation! I esteem M. Roux, the surgeon-in-chief of this extensive institution, as a personal acquaintance, and would not heedlessly detract from his hard-earned reputation; and in thus alluding to the results of my own personal observations, I have the interests of science only in view. Here is a sufficient answer to the assertion, that great operators are not necessarily prone to perform operations that might by caution and skill be dispensed with. A knowledge of human nature would suggest the contrary, and experience confirms it. Men will be fond of what they are conscious of excelling in, and there is something particularly attractive in the *éclat* of capital operations. The fruits of studying operations, as *the* great aim and object of a surgeon, are perceptible in France, and will be visible ere long, unless a strong resistance is offered to such a spirit in England.

M. Roux.—M. Roux possesses a grave, earnest, and decided character; but, like most

others of his profession here, he is over-fond of displaying his manual dexterity. I have heard him beseech a patient to submit to an operation, as if it was the greatest favour conferred upon the operator; the operation once performed, the patient is pretty much consigned to his fate, for the after treatment of French surgeons I consider little better than no treatment at all. The constitutional demands, the habit, diathesis, or idiosyncrasies of the patient, are almost universally and entirely overlooked; and hence, together with the foul air of the hospitals, the dreadful mortality in these pest-houses. On the very first *coup-d'œil* of the wards of these hospitals, nothing but disastrous consequences could be anticipated from one hundred to one hundred and fifty human sufferers, crowded together, side by side, and exhaling each the noxious effluvia peculiar to the gorgon form of diseases which afflict the inhabitants of rooms constructed on the worst possible principles for the purposes intended, and in which ventilation was not thought of, and where classification of disease has never been attempted. As a lecturer, M. Roux is animated, though by no means eloquent. During a private interview I held with him at his house the other day, he complained seriously, and lamented the state of French surgery of the present day in comparison with its former state; no one surgeon now, he said, could obtain half so many *operations* as formerly,—there were so many hospitals, and then each institution was "*si partagé*," "*si isolé*," there being eight or ten surgeons to each, and then almost every department of surgery being pursued in particular by some surgeon of eminence, that but few opportunities comparatively were left now-a-days for the surgeon of a general hospital to show his skill. Only seven cases of lithotomy occurred in his own wards last year. Thus the diseases of the eye, the ear, hernia, club-foot, affections of the bladder and urinary organs, venereal disease, &c. &c., have each a hospital devoted exclusively to themselves. M. R. is on the most familiar terms with his patients. In going his daily rounds from 7 to 9 A.M., he has always something funny, encouraging or coaxing, to say to them all: for one he has a poke in the ribs with his finger, for another a box on the ear, &c. I have seen him make a convalescent reel with a blow on the side of his cheek, for asking him for something good to eat—all in the best possible humour. He sometimes becomes very affectionate, and kisses a patient on whom he has just inflicted a severe operation; and this salutè, the students say, always prognosticates the death of the sufferer. M. Roux mentioned to me Physick, Warren, and Mott, as the only American surgeons with whom he was acquainted; and, judging from them, said he wondered at the large and rapid fortunes that were accumulated by American surgeons—a consummation which he feared would never attend the efforts of Parisian surgeons. In person, M. R. is rather beneath the ordinary stature, of a sanguino-phlegmatic temperament—features blunt and ill-favoured—one eye projects from its socket, and has a cast in it. When earnest in discourse, his countenance is especially contorted.

M. BLANDIN.—This gentleman is also attached to the Hôtel Dieu. He has lately been coaxing his *stumps* to heal by the application of warm air after amputations; the stump being enclosed in a glass caisse, and air heated to the natural temperature of the body caused to pass constantly through it, is left without further dressing. Healing by adhesive inflammation, until within the last few years, was unknown in Parisian hospitals; from time to time some of the surgeons have attempted the

adhesive process, but they are by no means fully aware of its importance. These stumps appeared to be granulating well, which may probably be accounted for by the simple circulation of air thus artificially produced.—*Med. Examiner (Philadelphia).—Quoted in Med. Chi. Rev.*

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.—APRIL 11.

NEURALGIA SIMULATING PERITONITIS.

DR. GOLDING BIRD read some observations on a form of neuralgia of the abdomen occurring in the puerperal state and simulating peritonitis. After alluding to the different forms of neuralgia attacking the chest and abdomen in women labouring under uterine irritation, Dr. Bird detailed some cases which had lately been under his care at the Finsbury Dispensary, in which the patient, three or four days after child-birth, was seized with rigors, followed by heat and sweating, terminating in the appearance of intense pain over the abdomen, especially about the uterine regions, this pain being increased by the slightest pressure, and becoming more severe in paroxysms recurring every ten or fifteen minutes. In these cases the lochial discharge ceased, and the secretion of urine was always more or less interfered with; the skin, however, was generally perspirable, the tongue white but moist, and the pulse very small with jerking like the pulse of hæmorrhage, ranging above 100 in the minute. The cerebral functions were always more or less disturbed, indicated by extreme irritability or restlessness, occasionally by actual delirium. The most characteristic feature of these neuralgic attacks, was the extreme restlessness of the patient, never remaining, even a few minutes, in the same position, but kept tossing from side to side, uttering incoherent screams, even when no pressure was applied to the abdomen.—The predisposing cause of these attacks Dr. Bird believed to be an extremely irritable condition of the uterus, depending upon recent parturition, and the exciting cause might be found in the interference with the healthy performance of one or other function of the body, so frequent in the puerperal state. Two days constipation, an exposure to a draught of air whilst perspiring, by which the cutaneous transpiration became interfered with, the ingestion of unwholesome articles of diet, and the indulgence in sexual intercourse too soon after labour or abortion, had in different cases appeared to have acted as exciting causes.—On account of the frightful state of depression observed in women labouring under these neuralgic affections who have been depleted under the impression of the disease being peritonitis, it becomes an important point to establish a correct diagnosis between the latter affection and mere neuralgia. This, Dr. Bird believed, might be readily effected by a careful comparison of all the symptoms presented by the patient; the occurrence of the pain in paroxysms, and the restlessness betrayed by the patient, would generally be sufficient to awaken the attention of the practitioner to the true nature of the disease. With regard to the effects of general depletion, in establishing a diagnosis between neuralgia and inflammation, at least in these cases, Dr. Bird expressed himself disposed altogether to doubt its value; for although, in some affections, especially in those attended by unconsciousness, it was true that the effects of bleeding the patient in an upright posture, as suggested by Dr. Hall, would indeed greatly aid the practitioner in forming a correct diagnosis; yet in these forms of irritation, dependent upon deranged uterine functions, the effects of depletion could not in very many instances be depended upon. In support of this, Dr. Bird referred to the cases of chlorotic girls labouring under imaginary pleuritis and hepatitis, who at their own request are bled month after month, each time bearing the loss of blood not only without fainting, but often without their evincing even a tendency to syncope, whilst cases of severe inflammatory diseases often occurred in which the patients faint ere a few ounces of blood are drawn, and sometimes at the instant the puncture is made by the lancet. These instances, although they may be regarded as exceptions to a

general rule, yet are of extreme importance to be borne in mind in the treatment of puerperal neuralgia, as if the effects of blood-letting were alone appealed to, an erroneous impression might be made on the mind of the practitioner, and the patient be condemned to a severity of treatment by no means justified by the real disease under which the patient was labouring. With regard to treatment, Dr. Bird observed, that in general we have to treat the effects of the irritable uterus and not the organs primarily involved, accordingly allaying pain by the application of hot fomentations to the abdomen, and by the administration of sedatives and a bland nutritious diet; and restoring the functions which appear to be deficient, will, so far as his experience extends, be successful in restoring the patient to health.

HOSPITAL REPORTS.

HOSPITAL BEAUJON.

STRANGULATED HERNIA.

ACCORDING to M. Laugier, surgeons have been frequently lulled into fatal security, by the supposition, that when the gut is strangulated, the danger increases in proportion to the meteorism or distension from incarcerated gas; but the very reverse is the fact, for where the gut is strangulated near the stomach, there is little or no room for distension, which must always take place above the stricture, unless it depends on peritoneal inflammation, which frequently happens when the omentum alone is strangulated; on the other hand, where the constriction is at the lower part, there is more room left for distension. The former case is evidently accompanied by more danger, and in case of gangrene and artificial anus from delay, the consequences are infinitely more serious.—The diagnosis may be assisted by the following facts:—

1. When the omentum is strangulated without the intestine, no meteorism exists before the development of peritonitis.

2. When the large intestine at the sigmoid flexure is the seat of strangulation, the abdominal tumefaction is over the whole surface and of a cylindrical form.

3. If the small intestine be incarcerated, the flanks and epigastric region are pliant and depressed, while the tumefaction, if any, occupies the hypogastric and umbilical regions. It will be found spherical like some encysted tumours.

4. When the strangulation of the small intestine is near the stomach, the tumefaction *cæteris paribus* will be much smaller, but the continuance of the strangulation, even in this part, may, by the production of peritoneal inflammation, produce meteorism below the structure.

MATERNITY HOSPITAL OF MARSEILLES.

ŒSOPHAGEAL INFLAMMATION AND SPHACELUS.

THE thrush in the infant inmates of this hospital seems to have been unusually fatal, inasmuch as Professor Villeneuve refers to 172 post-mortem examinations, and states that this disease occasions two-thirds of the mortality of children brought up by hand, which is the common custom in the foundling hospitals of France. At this institution it occurred in the proportion of about two cases in five children, and was seen in every stage, from the slightest erythematous inflammation of the lining of the mouth and fauces, to the *gangrene and entire destruction of the œsophageal canal*, which last is generally deemed of rare occurrence. We subjoin three cases of the gangrenous termination of thrush.

1. A female child, twelve days old. On the second day the apthæ became confluent; the tongue was swollen so that the mouth could not be closed. The prescriptions throughout the six days that the child survived were, baths, acidulated rice, tisan, cataplasms, and emollient collutories.—On dissection the abdomen was found distended with gas. On pressing the left nipple milk exuded, and a pressure on the right one gave issue to a concrete substance.—The distending gas was confined to the large and small intestines, for the rectum was flattened and contracted. The lower half of the mucous membrane of the small intestines was vascular, and became increasingly so as the morbid

change approached the cæcum.—A train of pus was perceived in the mediastinum. The surface of the left lung was covered with a layer of thick pus, which also lined the pleura costalis of the same side. The summit of the lung was puckered and filled with black blood. The substance of the lung in colour resembled the spleen, but differed in consistence; it floated in water.—The mucous membrane of the stomach was covered with red specks, and was friable towards the *cul-de-sac*. The cardiac orifice, together with the adjoining œsophagus, was spachelated, and a gangrenous patch was also seen in the middle of the tube.

2. A male child, thirteen days old. Yellow thrush. Death on the fifth day.—Dissection. The great intestines are thicker than usual; the mucous membrane is pale, but studded with slate-coloured points near the ileo cæcal valve, and also near the rectum. Some granulations are slightly apparent. The small intestines externally present an infinity of transverse folds. The mesenteric glands are numerous and large.—The mucous membrane of the stomach is of a dark red colour, but not softened; that of the lower half of the œsophagus is turgid, and has the grey pulpy appearance of hospital gangrene, but the diseased portion is perfectly circumscribed by a border of the healthy mucous membrane.

3. A female child, eleven days old. White thrush; difficult deglutition and respiration. Death on the seventh day.—Dissection. The peritoneum is red, injected, and covered with pus inwardly. The lower lobe of the right lung is gorged, and presents a thickened appearance on the line corresponding with the right side of the œsophagus. This portion of the lung sinks in water, but the portion of the left lung corresponding with the œsophagus swims, although its surface was thickened and coated with pus, and seemed to constitute the anterior wall of the œsophagus, which canal was completely destroyed for two inches of its lower extremity. The whole length from the glottis was four inches. The continuity of the posterior part of the canal was preserved only by a surface a quarter of an inch in breadth. The upper part was red and ulcerated.

MEDICAL OBITUARY.

At Dingle, Mr. Thomas Griffin, Apothecary, aged 90. The oldest practising member of that profession in Ireland.—At Killarney, Jeremiah Courtaigne, Esq., M.D.—At Glasgow, in consequence of a fall from his horse, Dr. J. Spittal.—Lately, Dr. Murdoch, of Versailles. This gentleman, who was a native of Scotland, came originally into France to pursue his medical studies, and was much esteemed and protected by Baron Larrey, to whose interference he owed the privilege of not being sent to the dépôt of English prisoners in 1803. During the invasion of France in 1814, Dr. Murdoch gave his gratuitous services to the French hospitals on the line of operations between Strasburg and Paris, and he was to have received the Cross of the Legion of Honour, but was prevented by the Emperor's abdication. Since the peace, Dr. M. resided constantly at Marseilles.—*Galignani*.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

VACANCY.—Dr. J. W. Walsh has resigned the Syddan Dispensary, county Meath.

NAVY.—Assistant-Surgeons—R. H. Cullen, to the *Ætna*; R. T. C. Scott and George Buchanan, to the *Vanguard*; R. Sergeant, to the *Pearl*.

In the HOUSE OF COMMONS on Monday last, the Vaccination Bill was read a second time, with an intimation from Mr. Wakley of his intention to move a clause for the total prevention of inoculation for small-pox.

The Lectureships on the practice of Medicine and on *Materia Medica*, in the school of the Middlesex Hospital, have been declared vacant. Candidates must send in their applications on or before the 1st of May.

ADVERTISEMENTS.

THE MEDICAL TIMES.

Vol. I., October, 1859, to March, 1860, Price 7s. 6d., is now ready, and contains a variety of LECTURES, PAPERS, and LETTERS, by eminent Authors and Practitioners, of which the following are some of the principal:—

LECTURES by

Mr. LAWRENCE—Twenty-five Lectures, forming the first part of a Course embracing the whole of Surgery; to be completed in the ensuing volume.

M. VELPEAU, on diseases of the testicle, &c.

Sir BENJAMIN BRODIE, on strictures of the urethra, tumours, pains in the loins, &c.

Mr. CARMICHAEL on cancerous and malignant diseases, and on diseases of the joints.

Mr. BRANSHY COOPER, on diseases of the joints; periostitis; strictures of the urethra; lithotomy; venereal diseases; diseases of the breast; fractures; hernia.

Mr. GUTHRIE on injuries of the head, &c.

Mr. HOWSHIP on strictures of the rectum, &c.

MEDICAL PORTRAITS of

Dr. Ashwell, Sir Benjamin Brodie, Professor Carswell, Mr. Colles, Sir Astley Cooper, Mr. Brausby Cooper, Sir Philip Crampton, Dr. Epps, Dr. Hamilton, Dr. Knox, Sir James M'Grigor, Mr. Jonathan Pereira, Mr. J. T. Pettigrew, Mr. Pilcher, Physicians of Leeds, Staff of the Laocet, Dr. Stokes, Mr. T. Pridgen Teale, Sir Matthew Tierney, Mr. Wakley, M.P., Professor Williams.

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Sir Astley Cooper, on Fracture and Dislocations; Anatomy of the Breast; and others by a variety of other eminent individuals at home and abroad.

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For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.

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FRENCH SURGERY AND SURGEONS SKETCHED BY AN AMERICAN.

M. VELPEAU.

THIS gentleman has been most unfortunate in the loss of patients in La Charité, in which hospital the mortality has been greater than in any other establishment. In addition to the usual causes which have gained for this hospital so mortifying a distinction, there has prevailed, during the last winter and present spring, an erysipelatous diathesis, which has desolated its wards, so that a puncture of a nail, the simple operation of extirpating a small ganglion from the neck of a healthy subject, the operation for the radical cure of varicocele, and amputations of all kinds, fractures, &c., I have seen terminate fatally in numerous cases; and yet M. Velpeau continued his operations, and appeared astonished himself at their want of success, and is far from taking advantage of the best means of averting the evil; his constitutional treatment is worse than nothing. A patient was admitted with a wound in the heel by a nail; erysipelatous inflammation followed, and was continued to the ankle-joint, producing suppuration, irritation, and death. No measures were resorted to in order to rally the powers of a broken constitution; and in the autopsy and lecture on this subject, M. V. expressed his inability to explain his want of success in the treatment of the case, and viewed the death of a patient from the simple puncture of a nail as an opprobrium to surgery! But human life, it is said, is of very little account with French surgeons. M. V. operated five times successively, for disarticulation of the knee, and in every case his patients died. But M. V. is a most dexterous and fearless operator; and if his hospital was more fortunately constituted, would doubtless be more successful. I have seen him twice remove tumours involving large portions of the lower jaw with complete success; but he frequently operates needlessly and recklessly; he is more anxious to display his dexterity than to cure his patient. As a lecturer, M. Velpeau is quite too eloquent, the idea being lost in the midst of verbiage; hence, M. Lisfranc has given him the sobriquet of "le Paroquet," and sometimes he calls him "the Blacksmith"—M. V. having been educated to that trade—of which, however, he is in no manner ashamed, frequently alluding to the period of his life when he was "un maréchal." Amongst other things calculated to ensure success in practice at home, the English surgical student in France may acquire, we see, gentlemanly manners. One surgeon gives nicknames to the other. But that is nothing to what follows. M. Velpeau's address is anything but that of a gentleman. His personal appearance is vul-

gar, and his aspect forbidding; but his ugly countenance is agreeably relieved by a noble and expansive forehead, to which "oasis" he undoubtedly owes all his celebrity. He has a most disgusting habit of using the long, thin hair which covers his head as a mop, on which to wipe his hands when soiled by some putrid piece of pathological anatomy, on which he is expatiating before his class, every few minutes passing his fingers through his hair! For the politest people in the world this is pretty well. The following anecdote of Velpeau and Heurteloup is *piquant*. The admirers of the Baron in this country will be taken aback by it.

Two of my friends, an English and American physician, called recently on M. V. at his office. On being ushered into an adjoining apartment, they overheard M. V. and another person altercation in the highest tone of voice; (this visitor proved to be Baron Heurteloup.) They could distinctly hear M. V. address the Baron in the following manner:—"Mais, M. le Baron, vous savez que vous êtes un grand menteur." When the Baron appeared to become furious, demanding to know what he meant by such an assertion, M. V. continued—"Soyez tranquille, soyez tranquille, M. le Baron; mais vous savez, entre nous, vous savez que vous êtes grand menteur!" Here the subject was dropped; M. le Baron, (who, by the way, I conceive to be much of an adventurer,) not considering it any insult to be called by a name which he himself is very liberal in conferring on his confrères, especially as he was not aware that any third person was a witness to the scene. In the case of an old man, with fistula in ano, an incident occurred which showed M. Velpeau's fondness for cutting. After the ordinary section, the surgeon amused himself in trimming the cut edges of the wound very deliberately, when, all at once, a large projecting mole on the back of the patient caught his eye. It was too tempting a bait. He immediately transferred his scissors to it, and incised it at its base, very much to the discomfort of the patient and merriment of the class, one of whom remarked that M. V. cultivated a patient's acquaintance very much like the gardener cultivated his plants, by lopping off all offensive parts and useless exuberances.—*Philadelph. Med. Exam.*

BIRMINGHAM CLINICAL HOSPITAL.—Her Majesty the Queen, and the Queen-Dowager, have become patrons of this hospital, which is henceforth to be called "The Queen's Hospital." The Queen-Dowager has contributed, through Earl Howe, a donation of £50; and the Rev. Dr. Warneford, of Bourton-on-the-hill, has also presented the munificent benefaction of £1000.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

ENCYSTED TUMOURS—GANGLIONS—DISEASES OF THE SKIN.

I COME then to speak to you next of what we call technically *encysted* tumours. Cysts, which are constituted of a kind of membranous bag, may form in any organ or other texture of the body. These cavities or cysts are filled with contents of different kinds, varying in consistence from a watery fluid to a thick kind of fat. I say they may form in any texture or in any organ of the body; I believe we can hardly say that any kind of structure is exempt from them, except it may be the cartilaginous; I do not know any examples of the existence of cysts in them. But the osseous structure is not exempt. Cysts are formed in bones, although you might have supposed that the hard structure of these organs would effectually prevent the development of anything like membranous cysts.

Now it is not my present purpose to describe to you generally cysts as they occur all over the body, my object is only to speak to you of encysted tumours, considered surgically. We have, in fact, nothing to do with the cysts of various kinds that may be developed in the internal organs of the body. The very existence of these is not known till after death, and therefore it is a matter of no practical consequence. The encysted tumours to which I wish to direct your attention, are those which form on the external surface of the body immediately under the skin, or at least in the integuments. Those are swellings which, in popular language, are called *wens*, and which the French have designated by the term *loupe*: they consist of cysts forming in the integument, and seated generally immediately under the skin, and are consequently developed in the stratum of adipose substance which lies immediately under it; and very commonly you will find that the skin adheres firmly to the convexity of the cyst where it approaches to the surface of the body. The cysts themselves are various in point of thickness. There are thick and thin cysts; there are cysts which are soft and delicate in point of structure, and others that are firmer, approaching nearly to a cartilaginous texture. The interior of these cysts is very generally smooth, and in fact presents an appearance a good deal like that of cuticle. Here are some specimens [exhibiting them] of some of these cysts. This cyst is divided, and turned inside out, to show the smooth cuticular lining. Here we have a number of cysts all taken from one individual.—The cyst or bag sometimes adheres firmly to the part which surrounds it—sometimes is connected more loosely. Different names have been given to these cysts or encysted tumours, derived from the nature of the substance which they contain: thus you will find the technical division of them in the old writers. To a certain description the name of *Meliceris* has been applied, the substance in these resembling honey in consistence and colour. *Atheroma* is a name given to another set, which contain a soft substance in appearance a good deal like pap or poultice. A very great proportion of these tumours contain fat, either pretty liquid or solid, and this is called *Steatoma*. These are the three principal descriptions of tumour, which the old writers, according to their contents, have called meliceris, atheroma, and steatoma.

The appellation steatomatous, which means fatty tumour, has been sometimes applied to solid parts of fatty structure: it is not always confined to a particular kind of encysted tumour or wen. We sometimes find described under that term an adipose tumour of a solid consistence. These, how-

ever, are not the whole; they do not constitute the whole of the particular sort of contents that we meet with in encysted tumours. You sometimes have a liquid matter considerably more fluid than the contents of the melicerous tumour. I lately removed a large encysted tumour from the back of the neck of a lady, and it contained fluid which in appearance was much like turbid porter, with some portions of a granulated substance floating in it. Sometimes encysted tumours contain hydatids, and in fact there is a considerable variety in point of consistence and nature in the contents of these bags. Sir Astley Cooper observed in examining some wens or encysted tumours, that on that part of the surface which is towards the skin, you commonly find a minute opening, a sort of prick or point, which when you come to examine it with a probe or pin, you find to be an aperture leading to the cavity of the cyst. If you insert the end of the probe or pin into the opening, you find that the contents of the cyst may be squeezed out. Hence, he concludes, that these steatomatous encysted tumours or wens are in fact sebaceous follicles enlarged. Now you commonly find a great number of sebaceous follicles about the nose and other parts of the face, and in particular individuals it will happen that the excretory ducts of these follicles become obstructed by the substance they contain, and at the surface you see generally a black colour exhibited. You can by pressing the integument in which this takes place, squeeze out a white substance, which common people call a worm or grub. The idea of Sir Astley Cooper is, that the excretory duct becomes obliterated, and then that the secretion going on, and the follicle enlarging, constitutes these cysts.—Now the contents of most cysts correspond in appearance with the fatty substance I have described, and the cysts themselves with follicles, while there is the appearance of an internal cuticular lining, as I have already mentioned: there is, therefore, an analogy between these bags, and the follicles in the integuments with which they are connected. We not uncommonly find a mixture of hair with the fatty substance, a number of short hairs sometimes adhering to the side of the cyst, and sometimes loosely contained in the interior with the mass of the fatty substance. There is, however, this distinction between the hairs contained in these cysts and those that grow naturally on the integument,—the former do not possess bulbs. If you draw a hair out of the eyebrow or head, you find that at the root there is a minute bulb, which is the point from which it grows; but in the hair which is contained in these encysted tumours, the roots have no bulbs. The interior of these cysts is not only capable of producing hair, but also horn. Though it is not a very common occurrence, yet it happens sometimes that one of these encysted tumours ulcerates on the surface, so as to expose the interior cavity; the cuticular lining thus exposed becomes dry, and assumes nearly the nature and appearance of horn. Under the part that has thus become dry, a new cuticle is formed, which also becomes dry. Thus there is a succession of cuticular formations, each succeeding one projecting its predecessor forward, and in this way they gradually grow and rise above the level of the skin, and if they go on, a horny production of some inches in length ultimately takes place, not having the exact figure of a horn, but analogous in the nature of its composition, and much like it in hardness and semi-transparency. There are instances in which this growth has attained more than the length of the finger.—We cannot say respecting encysted tumours in general that they are always enlarged sebaceous follicles, because in many instances they form a considerable depth under the skin, in situations where naturally there are no such follicles at all. It is not uncommon to have these encysted tumours occurring as congenital productions. I have seen many instances where it was said they were such, especially about the eyebrow. Now it is remarkable, that when they occur they are usually found adhering firmly to the bone, and are covered by the muscles. Then again, you may have encysted tumours distinctly formed deeper than the subcutaneous adipose tissue; and I have already intimated that you may have these encysted tumours in the interior of

the body, and in these parts they cannot be accounted for on the supposition of being enlarged sebaceous follicles.—Ordinary encysted tumours generally assume a globular shape, as in this instance, [showing a specimen,] not completely sphericle, because they usually have a compressed appearance on one part.

As I have already intimated to you, they occasionally appear to be congenital productions; they are found in certain situations, and persons who have not noticed their origin at all, have supposed that they have existed from birth. I remember an instance of a small tumour of this kind situated on the root of the nose of a boy; it had an external opening, and had given a great deal of trouble. The parents did not like the appearance of the tumour; for there was a strong smelling secretion produced by it, which continued notwithstanding the use of various means. When I examined it closely I perceived a hair growing from the aperture. Upon inspecting it more minutely, I found it to be one of those cysts from which hair is produced. It was seated behind the ala of the nose, and I found it necessary to divide the integuments freely, and cut to the bone, as a part of the membrane from which the hair was produced adhered to it.

Not uncommonly you meet with a multiplicity of these tumours on the body; they are apt to form on the head and scalp. Under such circumstances very frequently a great number is found in the same individual, from half-a-dozen to a dozen. These encysted tumours are not in general attended with pain or inconvenience; they increase in size very slowly, and sometimes they remain stationary. I may observe to you, in speaking of congenital tumours, that they take place about the eyebrow, and that I know persons who have had them all their lives, in whom the tumours never got beyond a certain size; they remained stationary. Occasionally, however, they increase and become troublesome, in consequence of their bulk, and as they are situated immediately under the skin, they produce an elevation of this, which is irritated and fretted, perhaps by the dress or movements of the body, and thus they become a source of uneasiness. Sometimes they increase to a considerable magnitude, though they by no means arrive at the large size which I had occasion to describe in some of the other tumours that I have already mentioned. The tumour that I stated I had removed from the neck of a lady, was about the size of a large orange: that was one of the largest I ever met with; you will seldom see one that has proceeded to that magnitude.

If an encysted tumour is stationary in point of size, and if it produce no particular inconvenience to the individual, you had better leave it alone; there is no necessity for doing anything to it. If, however, it is increasing, if it is troublesome, or if it produce conspicuous deformity, particularly in a female, then you must get rid of it, and the only effectual and safe way of doing this is by the use of the knife: you must extirpate the tumour. A palliative mode of treating these tumours is by opening the central aperture which I have already spoken of, and enlarging it by introducing a probe, and squeezing the contents out, after which they will again slowly accumulate. If, however, you want to get rid of it, the only really safe and effectual proceeding, as I have already mentioned, is excision.

Then as to the mode of accomplishing this, one method consists of making an incision over the projecting part of the tumour, and dissecting off the integuments on each side, and removing the tumour without opening the cyst. This requires a pretty large opening of the skin, and the dissection is often rather a slow and tedious one. Sir Astley Cooper proposes a mode of proceeding in which the object may be accomplished more quickly, and with a smaller external division of the integument. He divides the tumour and the integument which covers it perpendicularly, so as to split it into two halves: then the contents of the tumour can be removed, and the cyst collapses. You take up one half of the cyst and drag it outwards with a forceps, and remove it by a few strokes of the knife, and then do the same

with the other. In many instances the cellular connexion of the cyst with the surrounding parts is so loose, that when you lift it with the forceps, it will come away of itself, and you remove it without dissection. But in other instances it adheres closely both to the skin and the parts on which it is situated, and as it is more troublesome to dissect it away under such circumstances, I would advise you not to tear out the cyst with the forceps, but first make the necessary division with the knife;—if you lacerate the parts, more particularly if they are seated about the head, you run the risk of producing inflammation, that would be unpleasant subsequently. You may adopt either of these modes, but I think you will find that Sir Astley Cooper's is the shortest, and that you will get rid of the tumour with a smaller external excision in that way than in the other. I must observe it is necessary to pay attention to remove the *whole* of the cyst. If you leave a part of it behind, future inconvenience is produced, and sometimes it is necessary for the patient to submit to another operation. I had under my care lately a lady from the country, who had a small encysted tumour of this kind, which appeared to be congenital, removed from the middle and lower part of the frontal bone, just above the nose. Being in town, she consulted me on the subject; she said, that the removal of the tumour had been a painful operation, and that subsequently to this, the part had continued red and sore; that it sometimes healed up, but that it again became painful and troublesome; that it swelled, and a thin matter escaped from it for some time. This was at the space of about a year from the performance of the operation for the removal of the encysted tumour, and in fact when I saw her, I found it was open. There was an aperture in the scar and there was an oozing of thin matter from it. I introduced a probe, perhaps half an inch. She was convinced in her own mind that some part of the "bag," as she called it, had been left behind, and I could only ascribe its present state to that circumstance. I told her it was necessary to make another cut, and see if that were the case. This was accordingly done, and I found a small portion of the bag, not more than half the size of the finger nail, had been left adhering to the frontal bone. It was one of those cysts that are connected with the bone, and where we must go close to the bone to remove it. When I got it out, I found it was one of those cysts which have hair growing from them; she said, she had looked at the bag which was taken out before, and she saw that it had several hairs in it. When this portion of the cyst was removed, the part healed speedily, and it remained perfectly well. It is an unfortunate thing to leave any portion of the cyst when an operation is performed, for, under such circumstances, the tumour will not subside. The lady merely submitted to the operation for the purpose of having a deformity removed, but thus her condition was rendered worse than before; in fact, the tumour in the first instance only presented that sort of appearance which, I suppose, a phrenologist would consider merely as a considerable development of the organ of individuality.

I have several times had occasion to remove some of these congenital encysted tumours above the eyebrow, and at the angle of the eye; and I wish to impress upon your minds, that you usually find them adhering to the bone, so that it is necessary to make a free incision through the skin and to dissect carefully down; and pray be sure that you actually remove the whole, to avoid unpleasant occurrences of the sort that I have mentioned.

Other modes of dealing with encysted tumours have been proposed, in order to avoid the pain of dissecting out a bag of this sort. Some have proposed to make an opening into the cyst, to squeeze out the contents, and then inject an irritating fluid, so as to excite inflammation in the cyst, with the idea of obliterating it in the same way as with regard to the tunica vaginalis in hydrocele. It has been proposed to open the cyst, to get rid of the contents, and then to rub the interior with caustic; or to pass a seton through the cyst, to produce inflammation of the sides,

and to cause a deposition of adhesive matter, by which the cavity might be consolidated. Now the truth is, these proposals proceed on a false analogy. The cysts of these tumours are not like the serous membrane of the testicle; you therefore cannot expect to accomplish the same process by injecting irritating fluids into them. But farther, these cysts do not bear irritation well. You excite inflammation, the inflammation extends to the cellular and adipose membranes that surround them, and is speedily extended to the neighbouring parts of the limb; and thus you get diffused inflammation of the cellular membrane—a very formidable occurrence. Sometimes the irritation of the cyst causes a fungoid growth to be produced in it, of a malignant kind; so that you run the risk of bringing the patient, by your operation, into a worse condition than he was before, and that, in many instances, merely to get rid of a deformity. I deem all these proposals objectionable—either the puncturing or injecting the cyst, or the irritation of the seton, or anything of the kind. All these are calculated to produce inflammation in the cyst, and thus lead to serious consequences; and in my opinion they are radically and entirely objectionable. You have the choice of two things in encysted tumours—either to leave them alone and let them remain quiet, or to cut them out; you must do either the one or the other—you must not take a middle course.

The tumours which are called *ganglions* are a kind of encysted tumour. They consist of a fibrous cyst, lined by a smooth membrane, and contain a fluid nearly approaching to the synovia of the joints. They are found in the neighbourhood of the fibrous sheaths which surround the tendons of the extremities. They are most common about the wrist and the back of the hand. They are generally smooth tumours, on which the skin moves easily;—usually they have an elastic feel; they sometimes are partly moveable, but in general they are fixed at the base. They are indolent, they arise insensibly, give no pain, and usually are only of a small size. They are commonly found about as large as a pea; it is seldom that any go beyond the size of a nut, or at all events of a walnut. When you puncture these tumours, you find them generally distended with a clear viscid fluid, very much like the white of an egg;—sometimes it is rather thicker, and more like jelly; sometimes it is thinner, with a number of white granular bodies, like boiled rice, or sage, swimming in it. Some of these tumours are rather larger than I have mentioned. You are aware that there is a kind of large, loose, synovial membrane surrounding the flexor tendons of the fingers, where they pass under the annular ligament of the wrist; now that may be the seat of a swelling of this kind. You then find the swelling is sufficiently considerable to be apparent towards the wrist and the fore-arm, on the one side, and towards the palm of the hand on the other. The contents fluctuate on pressure; if you press on the palm of the hand, the contents pass towards the fore-arm, or *vice versa*, the middle of the tumour being situated under the annular ligament. Sometimes the sheaths of the tendons become the seat of ganglion; and, in fact, there is an enlargement of the theca, containing fluid, and occasioning a general swelling of the whole limb.—These ganglions often, like the encysted tumours, acquire a certain size, and do not increase farther nor give any trouble; occasionally, however, they are troublesome—they produce inconvenience in the moving of the tendons with which they are connected, so that if you move the fingers it excites pain. Persons sometimes become anxious to find out some mode of getting rid of them: now one mode is to burst them. You apply pressure, strike a blow, or squeeze them, so as to crack the cyst and disperse the fluid in the cellular membrane. When a ganglion is seated on a bone, you can generally break the membrane with the finger and thumb, and thus disperse the swelling, and often it will not occur again; or if the swelling is reproduced, you can repeat the same process. This is a safe, and where you can accomplish it, generally an effectual proceeding. Sometimes this fibrous cyst is so dense, so hard, that with all the force you can exert in that way you cannot break it. Pressure has been recommended, but in general it

is not very effectual. The method of using it is to apply a piece of sheet-lead, and bind it over the tumour. When that is not sufficient, persons have been directed to use irritating fluids—such as oil of thyme—(*oleum origani*)—but we cannot place much confidence in them. If you cannot break them in the way I have described, perhaps the next best course is to puncture them, and then apply pressure. Evacuate the contents, let the parts be kept quiet, and then apply pressure. When there is a large swelling of this kind occupying the whole finger, you may do good by subjecting the whole part to pressure. You can there apply pressure more effectually than in a similar ganglion about the wrists. If there be a large ganglion of this kind, or when it is seated on the flexor tendons under the annular ligament, and if the motion of the flexor tendons be interrupted, you have merely to puncture the cyst, and then close the wound again, so as to exclude the air, and then apply pressure.

In the treatment of large ganglia, some of those means have been recommended which I have had occasion to mention to you in speaking of encysted tumours—that is, the passing of a seton through the swelling, or the injection of irritating fluids after evacuating their contents. But I consider all these proceedings decidedly objectionable, for the same reason that I objected to their employment in encysted tumours; and perhaps the grounds of objection here are even stronger—that is, the chance of exciting inflammation is more considerable. I have seen, in some French works, accounts of cases of large ganglia, affecting the tendons of the hand, treated both by injection and by the employment of setons; and M. Cloquet relates his having seen two cases where setons were used in ganglia of this kind, where the inflammation that arose from them was so considerable as to prove fatal. I have seen a reference to other instances of the same kind, where fatal effects have been produced in this way; so that it is necessary for you to proceed cautiously in dealing with swellings of this kind.

DISEASES OF THE SKIN.

The next subject which I propose to speak of to you, is *Diseases of the Skin*.

The skin is very abundantly supplied with blood-vessels and nerves, and is exposed to all the varieties of external influence capable of producing disease. Hence you will not be surprised at finding that the diseases of the skin are very numerous, and that a great part of them exhibit a pretty active inflammatory character, in consequence of the facility with which disease, when it commences, spreads by continuity over a considerable part of the skin. The influence of those affections which in themselves would not be very important, thus becomes of consequence, from their spreading over a large part of the surface, and affecting a large portion of the body. In this way, diseases of the skin are capable of very considerably disturbing the economy generally, because they interfere with important functions that are carried on by the affected parts. The skin is one of the great excretories of the body—it is one of the organs through which matters are got rid of that are to be separated from the body. You therefore see the necessity of this emunctory being in a healthy state, and that any disease that occupies a considerable portion of it cannot fail to produce a serious impression on the animal economy generally.—There is a great sympathy between the skin and the digestive organs. The condition of these produces a great effect on the state of the skin—so that a number of the affections of the skin are directly traceable sympathetically to disorders which originate in the alimentary canal. This influence is reciprocal; for, on the other hand, the state of the skin is capable of seriously disturbing the condition of the digestive organs.—The inflammatory affections of the skin differ very considerably in their character and degree, and in the effects which they produce. Some show themselves merely in a state of vascular turgescence and fulness, others produce effusion on the surface of the skin, and various other effects. Now, as the diseased affections of the skin are very numerous, it becomes of consequence that they should be distinguished by

appropriate names, so that we may know the particular affections of which we speak and read. When we hear merely that a person has an eruption, it gives us very little idea as to what the nature of the affection is, and the remark is equally applicable to certain terms which designate, in a general way, the diseased appearances of the skin—such as blotch, pustule, scale, and scab;—these, when used without discrimination, convey very little definite or clear information respecting the disease. There is a term of this kind constantly employed by the French writers—*dartre*, equivalent to the English word *tetter*. The term has been employed so generally, that we are at a loss to know to what affections of the skin it is applied. We had no very clear idea of the nature or distinctions of cutaneous affections until the late Dr. Willan undertook the investigation of the subject. He paid a great deal of attention to the various affections of the skin, and introduced something like a regular order and plan of arranging and distributing them in particular classes and species. Dr. Willan died before he had completed his investigation of this important subject; which, however, was afterwards taken up by an intimate friend of his, Dr. Bateman;—and to these authors we are indebted for a rational description of the diseases of the skin, in which terms are employed in a definite sense; so that when we speak of scab, or pustule, or vesicle, we mean a something which is perfectly clear, defined, and ascertained; and thus the various species of disease are designated by appropriate terms. The understanding of this subject is more particularly facilitated by an illustrative set of plates, of a very useful kind, published by Dr. Bateman, in quarto, and well calculated to elucidate the subject. The arrangement proposed by Dr. Willan has been found so useful, that it has been adopted by the best French writers on the subject. There is in the French language a large work, published by Alibert, in which there is a great number of plates of an expensive kind, but in which the old names and old arrangement, or rather want of arrangement, are still observed. But there is a later writer, M. Rayer, who has written a Treatise on Diseases of the Skin, and who acknowledges that the arrangement of Dr. Willan is decidedly the best, and, in fact, adopts it. The work of Rayer is entitled '*Traité Théorique et Pratique des Maladies de la Peau*,' and is, in my opinion, a very good one; the descriptions are very clear, and the causes and all parts of the subject are treated very well.

Those affections of the skin in which there is merely a vascular turgescence, a distention of the vessels, and consequently increased redness, are classed by Dr. Willan under the head of *Exanthemata*, or *Efflorescence*. In common language, the term *rash* would be applied to these diseases.

When the inflammation of the skin is attended with vesication, so that the cuticle is raised into large bladders, these are called *Bullæ*, and they constitute an entire order of cutaneous affections.

When the cuticle is raised into small vesicles, as in the itch, or herpes, it belongs to the order of *Vesiculæ*. In cases where the inflammation of the skin is attended with the formation of pustules, as in small-pox, cow-pox, impetigo, and some others, it forms the order *Pustulæ*.

The inflammation of the skin is sometimes of a less violent kind; and without producing either serous effusion, or vesicles, or pustules, it produces a peculiar state of cuticle, covering the part, which constitutes a scaly condition. Hence the order *Squamæ*, scales, or scaly diseases of the skin. Sometimes the inflammation is limited to a small point, and produces a great number of minute inflamed pimples, or *Papulæ*. These are the effects of a pretty active inflammation affecting the skin; and you observe that the names of the orders are derived from the degree to which the inflammation is carried, and the effect that is produced. *Exanthemata*, *bullæ*, *vesiculæ*, *pustulæ*, *squamæ*, *papulæ*—these are the names.

There are changes of structure which are of a more chronic character, either arising from chronic inflammation, or sometimes from those organic changes which are of a more serious kind,—they constitute the order of *Tuberculæ*: elephantiasis, for instance, lupus, cancer, and so forth. Then

there are a number of states of the skin which cannot be referred to any of these causes. We have congenital affections, nevi materni, discolorations of the skin, things that can hardly be called diseases; and numerous other affections of the cuticular covering of the skin, such as warts, corns, and various affections of the nails.

This is the foundation of the arrangement which has been adopted by recent writers on the subject of diseases of the skin. You will find that while a certain number of heads, such as I have now mentioned, are laid down as constituting so many orders or classes of diseases, if you enumerate under these all the various species which can be distinguished from each other, a very considerable number of diseases of the skin will be set before you, and the catalogue will appear a long one. Now you are not to believe that all the various forms of disease to which names can be given are essentially different diseases. They are, in fact, merely forms of the same affection, *inflammation of the skin*. The essence of the disease is the same throughout, though there is a difference in the form. The cause that produces it, the circumstances that attend it, the state of the individual in whom it occurs, produce modifications in form, but there is no difference in the essential nature of the complaint. You are not to suppose that each of these names renders the disease in its nature distinct from all others. In truth, you find occasionally that one and the same disease will exhibit those different appearances that would seem to entitle it to be arranged under different orders. Erysipelas is sometimes a mere efflorescence or redness; in other instances it is attended with large vesicles or bullæ; or it may be attended with smaller vesicles, such as constitute vesiculæ. Small-pox and cow-pox consist in their first stage of elevations of the cuticle from lymph effused under it. But in the course of the affection these vesicles are converted into pustules. Sometimes two or more of these forms are assumed at the same time. Thus, in a venereal affection of the skin, you have a scaly and a tubercular eruption co-existing in the same individual.

You are to understand that the diseases of the skin, like others, do not conform to the distinctions of nosology. You do not find those lines of difference that you see in the writings of medical men; on the contrary, the various supposed affections are gradually shaded off and blended with each other; but at the same time this regular arrangement and nomenclature is of advantage, because it supplies us with a language that we can use, so that when we hear of particular forms of disease, we know what is meant by the terms employed. Before this arrangement was adopted in cutaneous diseases, we could understand very little of what was meant by a number of statements in reference to diseases of the skin.

In the first division of cutaneous diseases—that is, *exanthemata*, we observe simply vascular excitement, and distention of the blood-vessels, and increased redness of the skin, in consequence of that distention; and in other instances these affections terminate either in the sudden disappearance of the symptoms—that kind of termination which I mentioned to you under the French name *deslitescence*—or in a little effusion or resolution, or very commonly by the separation of the cuticle from the inflamed skin—*desquamation*. In the case of measles and scarlet fever, this vascular excitement is general; it extends over the whole of the body, and it is preceded in these cases by a general febrile disturbance of the system, more or less severe, of which the cutaneous disease seems to be a sympathetic effect or symptom. The most important part of the affection in these cases is the febrile disturbance of the animal economy. People do not suffer in such instances from the derangement, so far as it affects the skin merely. These, however, are affections the management of which belong to the physician, and I have therefore nothing more to say of them at present.

ROSEOLA AND ERYTHEMA.

Under the head of roseola and erythema, pathologists speak of superficial inflammation of the skin, generally affecting a part only—that is, usually occurring in patches, in portions of greater

or less extent, not accompanied with swelling, vesication, or any other change of that kind;—occurring either as the immediate effect of some external irritation, or more indirectly as the consequence of some internal affection.

The name *Erythema* means simply redness, and the affection to which the term is given consists simply of increased vascular excitement in certain parts of the skin: there is no other change. When any external irritation is applied to the skin, such redness may be produced. The friction of the dress, when it is too tight, will produce redness; the friction of folds of the skin in fat individuals, which is commonly called chafing, produces superficial redness and inflammation of the skin; and the application of heat, or any acrimonious substance, to the skin, will produce the same effect. Acrimonious discharges, as in the cases of gonorrhœa, diarrhœa, and dysentery, produce redness, and various effects on the skin, in such parts as they come in contact with. In females affected with gonorrhœa, we see severe symptoms produced simply from the irritating nature of the discharge from the vagina upon the sound surface of the contiguous parts. We sometimes find the integuments of the parts over which the discharge flows of a very bright red colour. If this continue we find the cuticle separate, and the parts become what we technically term *excortiated*—that is, deprived of the cuticle covering them. The inflammation which is excited in the skin loosens the attachment of the cuticle, which separates; and when this takes place there is generally a thin kind of discharge, usually of an unpleasant odour, taking place. While the cause continues, we find the inflamed surface will go into a state of superficial ulceration; and we find that warty excrescences will arise from them, and occasionally *condylomata*, which are flattened productions. All excrescences like these are simply the effects of some irritation of the skin. Under the head *erythema nodosum*, Drs. Willan and Bateman have mentioned affections which consist of small patches of redness of the skin, particularly on the extremities, more especially the lower ones, in which there is not merely redness of skin, but a degree of inflammation and swelling of the subjacent cellular membrane. The patches are generally of an oval form, of a red colour, and more or less swelled; and when it becomes inflamed, it involves not merely the skin, but the subcutaneous cellular membrane.—Now the truth is, with respect to these superficial inflammations, whether they come under the heads of roseola or erythema, so far as the local effect is concerned they are of very little consequence. The internal affections which give rise to them may be of more or less importance—that is, the disturbed state of the alimentary canal, which produces erythema nodosum, or perhaps any other of these, may be of some consequence; but the cutaneous affection itself is unimportant, for often the erythema nodosum, which is perhaps the worst of them, terminates in resolution. The skin and the subjacent cellular membrane are swelled, red, and inflamed; but in a little time the swelling subsides, the redness goes off, and the affection disappears; so far, therefore, as the local symptoms go, they merely require means of a simple character. A mild saturnine or spirituous lotion, to allay the heat and irritation, will probably be sufficient for this purpose; but you must adopt at the same time such internal treatment as is calculated to remove the disorder from the alimentary canal, which may appear to have produced the affection.

SPIRIT OF THE MEDICAL PRESS.

CASE OF MEDULLARY FUNGUS. BY W. R. GORE, ESQ.

A MAN of the name of Power, from near Tipperary, about forty-three years of age, applied to me to remove a tumour from his left temple, as it was much in the way of his hat, being in no other respect troublesome to him. It was encysted and as large as a small plum. I considered it melicerous, and accordingly proceeded to its removal in the ordinary way.

I intended not to injure the sac, but as I was about to separate it from the fascia covering the temporal muscle, the scalpel ran into it, leaving a piece of the cyst, as large as a shilling, adherent to the subjacent parts, being of a firm, fibrous, shining texture. A small quantity of a fluid resembling linseed oil in colour and consistence escaped, having a foetid heavy smell. The tumour was traversed internally by several uneven bands, and had a vesicular appearance. Upon squeezing it, a number of small globules, whitish in appearance, and nearly as large as small currants were forced out, which, on being opened, were found to contain a much more dense and dark fluid; their walls, however, were much thinner.—Having removed the adherent piece of the cyst, I dressed the parts with adhesive straps, and in a week he went home. I heard nothing of him for a long time, but he called upon me after a lapse of seven months very much altered, his appetite gone, his sleep disturbed, and his general appearance anxiously irritable. The place of the tumour was now occupied by a fungoid substance, as large as a bantam's egg, constricted at its base by the integuments, which were of a dirty brown colour, and several engorged veins were visible about it. The surface was uneven, encaphaloid-like, and covered with a dirty, dark brown, thickish fluid. From the whole there was a very bad smell. The tumour was elastic, nor did pressure produce any soreness or pain. I considered it a specimen of medullary sarcoma, and determined upon its removal, which I accomplished by nitric acid—sloughing to a considerable extent occurred, leaving an ugly irritable excavation to be filled up, and producing much constitutional disturbance. The constant application of bread and water poultices, on the surfaces of which extract of hyoscyamus and conium with morphine were spread, induced the parts to heal, leaving an unhealthy looking cicatrix with loss of substance. He left here, after about nine weeks, for home, being much improved in his general health from the use of the pale carbonate of iron, with calomel and quinine. I have heard nothing of him since, now nearly a year. His own history was as follows:—In about two months after the first tumour was removed, he got a violent lancinating pain in the wound. It sometimes affected the side of his head, sometimes his ear, and frequently his left eye-ball. It would often subside for a week, and recur with equal violence, until the parts began to swell, from which time no pain occurred. The surface of tumour was angry looking, glossy, red, and covered with veins. It ultimately burst, discharging as he said "rotten blood," and the "rotten flesh it contained, instead of falling out, grew out," a history descriptive enough. He suffered so much from the appearance and nature of the tumour, that he presented himself as before described. There were no glands of any kind affected, either in the neck or on the side of the face.—From having read the lecture of that most excellent surgeon, Mr. Carmichael, it placed this case in a much more important point of view before my mind than formerly.—*Dub. Med. Press.*

ON INCONTINENCE OF URINE IN CHILDREN.

Treatment.—The late Baron Dupuytren, and also MM. Baudelocque and Guersent have recommended the use of cold shower-bathing as one of the most effectual remedies against this most annoying and frequently most obstinate complaint. M. Lallemand, of Montpellier, has great confidence in aromatic bitters to which a small portion of brandy has been added, followed by active friction of the loins.

Underwood recommended the use of sea-bathing, of dry cupping, of blisters on the sacrum, and of electricity. As internal medicines, the Spanish fly and the nux vomica have been unquestionably the most efficacious. The preparation of the latter, which has been most successfully used, is the extract in doses of from half a grain to four grains in the course of the day. The following two cases may be read with interest.

Case 1. A girl, 12 years of age, had been affected from her infancy with incontinence of urine, her general health being unaffected all the time. It would seem that no remedial means had ever been tried. Dr. Ramaugé, who accidentally saw the girl at a house where he was visiting, recommended her to take one of the following pills, along with a wine glassful of infusion of Quassia, three times a day:—

R. Extracti nucis vomicæ gr. viii.

Oxydi ferri nigri 3i.

Pulv. Quassie 5i.

Syrupi absinthii q. s.

In pilulas xlvij. divide.

A tonic nourishing diet was ordered, and also a glassful of wine two or three times a day. By persevering in this course for a month, the patient was quite relieved from her distressing malady. The treatment was, however, continued for another month; and at the date of the report there had been no return of the complaint for upwards of a year.

Case 2. A boy, ten years of age, had long been affected with nocturnal incontinence of urine. During the day he had very frequent calls to urine, the bladder being unable to retain only a very small quantity at a time. He was ordered an infusion of Quassia and half a grain of extract of nux vomica in four pills during the course of the day. After three weeks' employment of this regimen, the boy could very sensibly retain his urine a great deal better, the calls being much less frequent. A blister was applied upon the sacrum, and a cold aromatic bath was to be employed twice a week. In the course of a fortnight, the nocturnal incontinence had quite ceased, and the patient continued well for six months.—*Journal des Connaissances Médicales.—Med. Chi. Rev.*

NEW OPERATION FOR THE CURE OF SQUINTING.

CURE OF CONGENITAL STRABISMUS BY DIVIDING THE M. RECTUS INTERNUS OCULI. BY PROFESSOR DIEFFENBACH.

A CASE of division of the internal rectus for strabismus convergens, operated upon by me, was followed by a successful result. Professor Jüngken, who examined the patient, was much gratified by the success of my operation. The subject of it was a boy, seven years of age, one eye was forcibly drawn to the internal canthus, and considerable deformity was the consequence. I performed the operation in the following manner: the boy's head was supported against the breast of one assistant; a second elevated the upper eyelid by means of a hook, whilst the lower was depressed in a similar manner, thus exposing to view a considerable segment of the bulbus oculi. With a third hook I pierced the conjunctiva in the canthus internus, and the cellular texture for a sufficient depth beneath it, and gave this to the care of a third assistant. I then, by means of an extremely fine hook, pierced the sclerotica at the internal canthus (holding the instrument in my left hand) and drew the barb outwards. Having done this I proceeded to incise the conjunctiva in this part (the internal canthus) by the side of the globe, separated it still deeper from this latter, and then divided the internal rectus,

thus exposed, with a pair of fine scissors near to its insertion; with the rapidity of an electric shock, the globe darted suddenly outwards under the influence of the external rectus; it as suddenly righted itself, and at this time the axis of the eye assumed a perfectly normal direction. The hæmorrhage during the operation was inconsiderable, but nevertheless sufficient to occasion some embarrassment in its performance. Cold lotions were afterwards applied, inflammation of the globe did not appear, and within eight days the cure was completed. I must record my acknowledgments to Dr. Bohm, for the care which he bestowed upon the patient after the operation.

Stromeyer, in his fine treatise upon "orthopædia subcutanea," asserts the practicability of dividing the internal rectus for strabismus from the result of his researches on the dead subject, but until the present case no instance of its performance upon the living has occurred. I hope that a place in ophthalmic surgery will be awarded to it for the future.

DIEFFENBACH.

Professor Dieffenbach has repeated this operation in two more cases: both were boys, one of 11 and the other 15 years of age. In both these also a perfectly successful result was obtained. In his report of the case, it will be perceived that the side on which the operation was performed is not specified; it is most probably the right, from the fact of his holding the hook which grasped the sclerotica with his left hand. This, however, is of minor importance.—*Med. Gaz.*

Dr. Franz, in the 'Medical Gazette,' describes the application of this simple operation to the cure of squinting; and from the 'Lancet' we extract the following, on 'Division of the Internal Rectus Muscle for Strabismus, by P. Bennett Lucas, Esq.'

The bold and interesting application to the muscles of the human eye, by Professor Dieffenbach, of the division of tendons for the cure of deformities, and the success which attended the operations performed by this eminent surgeon, induced me to repeat them on the first occasions which presented themselves to me.

Case 1.—Mary Anne Daly, aged 6, was born with her eyes perfectly straight. After the measles she suffered much from repeated attacks of strumous ophthalmia, on being cured of which it was found that her right eye was permanently turned deeply into the inner canthus, with also a slight degree of obliquity upwards. The strabismus has existed for three years. When the unaffected eye is closed the turned-in one endeavours to right itself, and the child, by an effort, can erect it as far as the centre of the orbital axis, but it speedily returns to its abnormal condition. The child is powerfully strong, of very full habit, and of a strumous diathesis.

April 11, 1840. In the presence, and with the kind assistance of Mr. Fitzmaurice, Mr. Wardrop, jun., and Mr. Alexander, I proceeded to perform the operation for the division of the internal rectus muscle, in the following manner. The child was received in the lap of one assistant, and her head allowed to rest on his right arm and chest, by which it was partially secured. The eyelids were kept apart by Mr. Fitzmaurice, and the struggles were prevented as much as possible. With a forceps and an artificial pupil knife I easily divided the conjunctiva from below upwards, about three lines distant from the cornea, and thus exposed the sclerotic coat. The edges of the incision almost immediately became swollen, from the effusion of blood and tears into the connecting reticular tissue, forming a partial chemosis. Very slight hæmorrhage took place from the divided vessels of the conjunctiva, which was checked by the application of cold water. Upon the eye being again

exposed, the incision was readily recognised, and, introducing a small blunt probe between its edges, I separated the reticular tissue, connecting the inner portion of the conjunctiva, to a sufficient extent to enable me to reach the insertion of the inner rectus; I then introduced a bent probe, and directing it from below upwards had little difficulty in inserting it between the tendon of the muscle as it approached its insertion, and the sclerotic coat. Thus, having the muscle on the probe at my command, I allowed the eye to rest for a moment or two, and then, carefully and gently drawing the tendon towards the incision of the conjunctiva, I divided it with a pair of common scissors, and withdrew the probe.—The eye soon resumed its normal position, and the axes of both harmoniously corresponded. On the division of the muscle the eye was not forcibly drawn outwards, it gradually returned to its place. The lids were now allowed to remain closed; a layer of lint, dipped in cold water, was placed over them, the following powder was given, and the child soon after fell asleep—calomel, 2 grains, James's powder, 3 grains.

12. Both eyes are perfectly straight, and follow each other's movements with regularity. The child's bowels have been moved three times, and in all respects she is free from fever and excitement.

I have performed this operation in two other cases, without any material deviation. One in a child, five years old, was equally successful. In the other, that of an old woman of sixty, it was unattended with benefit to the strabismus, which was of fifty-seven years' standing.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 11th April, 1840:—

Epidemic, endemic, and contagious diseases	121
Diseases of the brain, nerves, and senses	146
Diseases of the lungs, and other organs of respiration	281
Diseases of the heart and blood-vessels	25
Diseases of the stomach, liver, and other organs of digestion	60
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c. .	6
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	1
Diseases of uncertain seat	87
Old age, or natural decay	85
Violent deaths	25
Causes not specified	2

Deaths from all causes

851

At the Medical Association of Ireland, a letter was read from Mr. John Wilkinson, of Limerick, stating that he had been fined £20 for non-attendance, as a crown witness, at the Quarter Sessions of Tulla, (distant 14 miles from Limerick,) it being notorious that the assistant-barristers have no power of remunerating medical witnesses.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, DUBLIN.—The last evening meeting for the season was held on Friday, 10th inst., the President, Dr. G. A. Kennedy, in the chair. His Excellency, the Lord Lieutenant, and a large number of distinguished visitors, were present.—Papers were read by Dr. Brady, Professor of Medical Jurisprudence to the College, and by the Rev. R. Walsh, M.D.

TO CORRESPONDENTS.

A LAWYER.—Truly it cannot be denied, that "when Mr. Wakley canvassed the county of Middlesex for the situation of coroner, he enlarged upon the great advantages which would be derived from the holding of inquests by a medically qualified coroner, and that as soon as he secured the berth, no fewer than twenty inquests are held by his clerk, who never drew a tooth, or used a lancet."

H., PARIS.—We fear some of his letters have been refused by our publisher, because unpaid. We will send copies to him, if he will send them to the parties he mentions.

Z.—Yes, in some instances. Can Z. send some sketches?

AN ASSISTANT.—We saw the advertisement for a "humble young man to attend, retail, prescribe, and visit," and did not fail to note the extremely liberal offer of "no salary." Will some one favour us with this worthy advertiser's name and address?

AN UNIVERSITY COLLEGE STUDENT inquires of us, whether it is imperative upon him to attend Dr. Lindley's two guinea Elementary Course on botany? Our answer is simply—No. For the same fee he may obtain at many of the schools, all the requisite lectures and certificates on the same subject.

A PRIZE-MAN.—If they are forwarded we may publish the prize questions of different schools. We shall be glad to receive lists of the successful candidates—the numbers who contended, and any other particulars.

AYLESBURY.—The gentleman who sent us the notice has our thanks. Any information is received with pleasure.

THE WORKHOUSE HOSPITAL was opened to the public view on the 13th, and despite the lavish expenditure of cash, it still smells strongly of its old occupants. The grave-yard under its windows has been planted with a few brown dingy-looking shrubs, and it is reported that the Professor of Botany of King's College intends to give summer excursions through the new plantation, and daily demonstrations over the grave of Joe Miller.

THE COOPER ANECDOTES will be acceptable.

A MORNING AT GUY'S HOSPITAL in our next.

MR. HAILEY.—A note by post.

J. WILSON.—We do not give prescriptions. Advice gratis is seldom worth having. If he wishes to understand the nature of the disease with which he seems to be afflicted, we should recommend him to get Mr. Coulson's work on Diseases of the Bladder. It may be had at Longman's in Paternoster-row.

ROYAL BOTANIC SOCIETY.—We fully agree with our correspondent in his estimate of this coterie. It is one of the many jobs under the specious form and appellation of a Scientific Society. The metropolis already swarms with "societies," all professing as their object the advancement of science; but we have yet to learn what mighty secrets in nature's economy they bring to light, or what discoveries of importance they render to man.

BRITISH MEDICAL ASSOCIATION.—We should be most ready to insert the letter of a REFORMER, had we not been anticipated by a daily paper. Our correspondent will find a report in our pages, but we are not surprised at his expressions of disappointment when he says, "curiosity prompted me to attend the meeting at Exeter Hall to see 'the Lions.' I found the room numerously filled with physicians, surgeons, and general practitioners. Dr. Webster rose to address us shortly after eight o'clock P.M.! I confess I was greatly disappointed. I had formed high expectations of the head of such a body of metropolitan medical reformers; but alas! they were far from being realized. He read a recapitulation of the proceedings of the council, upon which he made occasional comments, delivered with difficulty, without order, grace, or fluency of speech. It struck me he would have acted more wisely, if he had performed that part of the business by deputy."

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THE MEDICAL TIMES.

NAVY MEDICAL OFFICERS.

KEEPING aloof from general political questions, as unconnected with the path which our Journal has chalked out for itself, we are yet often obliged to refer to questions and arrangements apparently dissimilar, but which, in reality, form part and parcel of the duty we set ourselves to perform—the improvement of Medicine by the reformation of the evils which degrade and disgrace it; the elevation, in fine, of the morale of the profession. In pursuance of this duty we beg to draw general attention to the Report of the Naval and Military Commission, in so far as it bears upon the condition of Naval Medical Officers, and this we may the better do at the present juncture when the Report of that Commission is fresh in the public mind, and the recommendations it contains are occupying the consideration of those who are to carry them into effect. In the days when surgeons were little better than the barbers, to whom they were originally allied—when Smollett's graphic description was a fair portraiture of medical men, and medical life afloat—the condition of the assistant-surgeon was sufficiently wretched, but now that refinements in living and improvement in education have been extended, even to the rough tars who support the supremacy of Britain on the seas—the condition of the unhappy surgeon has become by comparison still worse than before; and while the standard of his education and acquirements has been raised, the scale of his comfort has been detained at its former wretched level. This has frequently been the subject of complaint, but the disunited attempts of isolated individuals has hitherto failed to obtain for the medical service afloat that justice which the case demands—or even that consideration which the respectability of the injured body might fairly hope to obtain. It is a matter of delicacy to prompt any comparison between the medical officers of a vessel, and the

officers whose health it is the "doctor's" province to preserve—to compare the acquirements say, of a young lieutenant of Marines, and an assistant surgeon who has just passed his examination—but we may fairly claim for the former an equality of position. The one equally with the other claims the rank of gentleman, while in point of education, in its widest sense—in scientific and useful knowledge,—the "doctor" is, we had almost said, in every case, vastly the superior of his military companion. Why then should any unfair distinction be made? Why should not an equality of position, and an equitable share of comforts, fall to the lot of the disciple of Æsculapius? We hesitate in ascribing to British naval officers a wish to keep the assistant-surgeons in their present unfair position when afloat, notwithstanding the various cases which have been published, in which captains and lieutenants have figured as the tyrannical authors of much misery and degradation to the hapless "doctor" who has sailed with them. We prefer believing that the members of one of the bravest, and perhaps the most valuable, branch of the public service—the officers of our Navy—will be ready, when the opportunity offers, to lend a hand towards placing the "doctor" in a place more worthy of his education and usefulness. This subject has been mooted by an M.D., in a letter to the *Times*, and we trust that it will steadily be kept in view, until a reformation is effected. We append the letter, which appeared on Wednesday last:—

To the Editor of the 'Times.'

SIR,—The *Times* of the 15th inst. contains an advertisement announcing the formation of an Institution, for the education of the daughters of Naval Officers. To the benevolent supporters of so desirable an Institution as the proposed school, the highest praise is due, particularly as amongst the list of contributors there are many whose circumstances render it quite impossible that they can have any personal interest in its formation: but, sir, I regret much to perceive by the fixed resolution adopted at the meeting, that it is intended to exclude the Assistant-Surgeons from participation in its benefits. This savours of the old exclusive system, which has so long existed in our Navy, but which I had hoped was fast passing away. * * * *

If we consider the education (general and professional) which is required to have been undergone by the medical man before he can enter the service, and compare it with that which will fit a young man for a commission in the Marines, we shall be rather at a loss to account for the principle, on which the one is consigned to the cockpit, while the other is placed in the wardroom. Sir, I have no personal interest in this matter, having long since left the service; but believing the institution to be deserving the mite of all who can afford to contribute to it, I determined, on reading your remarks, to send towards its support a donation commensurate with my means. However, on reading the first resolution, I changed my mind. I am, Sir, AN M.D.

Who served as an Assistant-Surgeon in the Navy, and left the service from disgust, at the degraded position of the Junior Medical Officers.

It will be perceived that this letter has immediate reference to an institution for assisting the children of naval officers, and from which the children of "naval medical officers" are to be excluded. Is this generous? Is it just? No; the ship-surgeon who preserves the health and lives of a crew, is as much a naval officer, as he whose duty it is to guide the ship in a storm, or place her in an engagement; and we feel satisfied, that it is only requisite to set the point fairly before the supporters of the benevolent institution alluded to, to obtain the immediate recognition of the claims of naval medical officers.

DEATH FROM TAKING CANTHARIDES IN MISTAKE FOR CUBEBS.

A LAMENTABLE occurrence, by which a man has met a painful death from taking a quantity of cantharides, or blistering fly, instead of cubebs, has recently taken place in Blackburn. The name of the unfortunate person whose life has been thus lost was John Eccles, an engineer in a cotton-mill, a married man, and forty-six years old. From the evidence given before the Coroner we gather the following particulars:—It appears that Eccles had been unwell for several months previous to his death, and during that time had frequently consulted Mr. Pickop. His disease was one for the cure of which a mixture of balsam of copaiba, spirits of nitre and cubebs, is a popular form of medicine, and he intended to try its virtues. For the purpose of procuring the above-named ingredients, he went on Tuesday afternoon to the shop of Messrs. Bell and Aspinall, druggists, Fleming's-square. Mr. Aspinall served him with the balsam of copaiba and the spirits of nitre, but not having any powdered cubebs he (Mr. A.) went to the shop of Mr. Briggs, druggist, Astley-gate, where he bought an ounce of what he supposed to be cubebs, but which was, in fact, cantharides, or blistering fly, in powder. Three-quarters of an ounce of this was weighed out for Eccles, and the same evening the ingredients were mixed together, and the poor fellow took so much of the mixture that it is computed he swallowed half a drachm of the cantharides, while, if taken internally, the dose is from one to three grains. Speedily ascertaining, or suspecting, that all was not right, he returned to the shop of Messrs. Bell and Aspinall, where the mistake was discovered, and the deceased had an emetic and a dose of castor oil immediately administered, and was ordered to drink large quantities of barley-water and gruel. During the whole of Tuesday night he suffered a great deal from pain in his throat and on his tongue, the skin of which, as well as his lips, came off. On Wednesday morning Mr. Pickop visited him, and at that time the pains had increased to an almost unbearable degree, extending down the esophagus to the stomach, and eventually attacking the bowels as well. After great suffering the unfortunate man died on Thursday evening, between five and six o'clock. A post-mortem examination took place on Friday afternoon, when it was found that the stomach and upper portion of the duodenum were highly inflamed, the former so much as to appear as though corroded almost into holes. A quantity of cantharides was scraped off the inner coat of the stomach, and Mr. Pickop, who conducted the examination, had no doubt whatever that that drug was the cause of death. At the inquest on Friday, the Coroner having summed up the evidence and explained the law of manslaughter as it bore upon the case, the jury, consisting of sixteen respectable individuals, with Mr. Pearson, King-street, as foreman, retired and were absent for a considerable time. When they returned, they delivered a verdict to the effect that the deceased had come to his death through taking a quantity of cantharides in mistake for cubebs, and they recommended that the Coroner should reprimand the druggists who had sold the medicine, and admonish them as to the future. The recommendation of the jury was attended to, and Mr. Aspinall and Mr. Briggs received a reprimand and admonition from the Coroner.—*Blackburn Standard*.

VACANCY.—Dr. Stirling has resigned the Innistogie Dispensary, county Kilkenny—salary £100 per annum.—*Limerick Chronicle*.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

HOW THE MEDICAL SOCIETY COMMENCED, AND HOW IT ENDED.

Continued from p. 44.

ACCORDING to Randle's promise, and Macarthy's expectation, a notice was stuck up over the fireplace in the hall of the hospital the next day, informing the students that Mr. Plummylobe would give a clinical lecture after demonstrations; and at the same time Messrs. Piddy, Crips, and their followers, finding the accounts were not quite drawn up, postponed the meeting until the Friday following, Macarthy having chosen that day for the reasons we have stated, in connexion with Dr. Philanthus and his "feed."

The lecture finished, the afternoon arrived, the majority of the students departed, and silence reigned on the slabs and stools of the dissecting-room, broken only by the constant drip from the anasarcous subject which had come in last, or the click of an occasional bubble as it rose from the bottom of the macerating tub, and burst on the surface of the fluid which it contained. I was left alone, and engaged in preparing some few things for the morrow's lecture, when Okes, Huggles, and Macarthy quietly entered the room, and perching themselves round the fireplace upon stools, sent for some beer, lighted some short pipes, and commenced their consultation. "I've got the list," said Mac, as he drew the paper from his pocket; "and now we'll see how they stand for us."

"Fire away, then," remarked Huggles, "and give us the pewter."

"How many are to dine with Philanthus?" asked Okes.

"Eight, I believe," answered Macarthy;—"it's his usual number."

"And who are they?"

"All potterers," returned Mac. "Piddy, one—king of the lot; Crips, two; Doolvy, three; Walters, four; Turner, Smith, and young Smith, five, six, seven; and I think Robinson, or perhaps Williams, eight."

"Very good," said Okes, tapping his pipe upon his boot, and admiring his foot as he knocked out the ashes. "And now let's see who we may reckon upon to support us?"

"Well," observed Huggles, taking the list from Mac, "Here's Hughes, and Phillips, and Harvey, and Chapman—all for us."

"Which way will Ingram go?" asked Mac.

"I don't quite know. I'm rather doubtful about him. He wears shoes and gaiters. No man was ever a jolly cock that wore shoes and gaiters."

"Never mind him, then," said Mac; "we shall have Rodney and Flower, and that other new man."

"Are you sure?" asked Huggles.

"Pretty well—I met them all three last night, unkinmon drunk, at the Eagle—that looks well."

"I'm rather doubtful too about Hayes," said Okes, pointing to his name on the list with the stem of his pipe, as he leant over Huggle's shoulder.

"How so?"

"Because he's going up for his Latin next week, and funks it horribly."

"Pshaw!" said Mac. "If that's all he's funk'g about, it's just nothing. He must do as I did."

"And what's that?" asked Okes eagerly.—(He had not passed.)

"Why," continued Mac, "look sharp, and get near a fellow that looks like a brick. Don't ask him any questions when you want to know the English of a word, because they'll hear

you, but write it on the blotting paper you'll find on your sheet of foolscap, and shove it towards him, with a note of interrogation after it—like this," continued Macarthy, drawing that figure of speech on the back of the grate, where the soot had lodged, with the poker.

"That's worth knowing," said Okes.

"To be sure it is," added Mac, "and so are a great many other things, when you find them out. Are you best up in Celsus or Gregory?"

"Oh, Celsus, ever so much."

"Well, then, when you go into the room, keep your eyes open and you will see all the books ranged down the table, Celsus—Gregory, Celsus—Gregory, and so on. Choose which you like, and sit down at that same—you won't be disturbed."

"You seem to know all about it, Mac," said Huggles.

"Faith, and I ought; I've been up for six different fellows."

"And they didn't find you out?"

"Divil a bit. One time I wore goggles, and another time I didn't. Next I shaved my whiskers, and then I didn't go again until they grew. It's just as easy to do 'em as nothing, and ever so much more."

Jasper Buddle, you are a terrible blab. You are betraying all sorts of secrets, and acting a very wrong part. But what else can Jasper do. He has taken upon himself the interesting task of chronicling the pranks of medical students, and he must not swerve, from favour or party motives, from his professed object. But he does not mean always to confine himself to the dissecting-room. Before long he intends to penetrate into the very mysteries of "the Hall" itself.—Prepare for his disclosures, and excuse this improper digression.

"Well, never mind the Latin," said Huggles; "let us get on with the names."

"And cut it short, for I want my dinner," added Okes.

"That I will," said Mac; "short and sweet, like a sow's eructation."

"—Or a pig's belch, which is the same thing," remarked Huggles. "Come get on."

"Well, then," continued Okes, "here's Swubs, and Johnson, and Newcomb, all certain. Oh—never mind going on; we shall do very well, depend upon it. Where are you going to grub?"

"In Rupert-street."

"And so am I, so come on;" and accordingly the three gentlemen left the dissecting-room, and having made everything tidy and clean for the next day, I went home also.

Friday came at last, and with it the adjourned meeting, which Piddy and Crips had in vain endeavoured to turn aside, when they found they were invited out to dinner on that day. The members of the society mustered pretty strong in the anatomical theatre, and Mr. Randle was voted to the chair. The first gentlemen who rose to speak was a Mr. Hayes, a small man with a large head, whom we have noticed as about to go up for his Latin. He had brought a crib Celsus with him, and studied it at intervals.

"Gentlemen," said he, "I rise to propose the first resolution. I beg to move that the funds in hand be applied to the purchase of such medical books as may be determined upon by the votes of the members at large."

"I second that motion," said Mr. Williams, who, contrary to expectation, had not been invited by Dr. Philanthus.

"Gentlemen," said Huggles, rising, "I beg leave to propose an amendment. I move that the words, 'to the purchase of such medical books, &c,' be left out, and that we substitute in their place, 'to assist in defraying the expenses of a dinner, to be held at such tavern

or hotel as may meet the wishes of the majority of the members."

"If you had seen the faces of the book-buying men at this unexpected revolt, you would never have forgotten it. They stared at Huggles with the most intense bewilderment, nor was their horror decreased when Okes rose to second it, adding, "he was sure that it was the best way to apply the funds, because a great many of the men were about to leave the school, and would derive no benefit from the books, whereas if they had a dinner, all might enjoy it."

"Divide! divide upon the amendment!" shouted all the opposition party, well versed in their cues, and kicking up a diabolical uproar; which Macarthy increased, by banging a Dublin on the ledge in front of the seats, until the very skeleton that was slung up to the ceiling trembled again with the riot.

"All who are in favour of having a dinner with the funds, hold up their hands," cried Randle.

Twenty or more of the superior extremities of the members present were immediately elevated, and a few waverers joined their numbers, seeing which way it was likely to turn, as no one likes to belong to the losing party.

"Now those who are for buying books which they will not be able to read, will please to hold up their hands," cried Randle, again.

Six or seven solitary members complied with the request, amidst the jeers and mock applause of the other party.

"Hurrah!" roared Huggles, with power of lungs that would have burst all the air-cells of anybody else's but his own. "Hurrah, my bricks! we've beat the potterers!"

Whereupon, in a great rage, one of the opposing party rose to speak. His name was Merry, and he had a very smooth face, and very short crisp curly hair, which looked as if his whiskers had been put on the top of his head by mistake—a curious anomaly, which added to his odd little figure, procured him the name of "Chim," in abbreviation of Chimpanzee, amongst our gentlemen. He looked very hot and angry, and proceeded to open the skylight before he began, to let in more air, since what with the shouting, screeching, and stamping, the whole place was a cloud of dust. Now the theatre was lighted from the ceiling, and a conical frame, something like a round cucumber-glass, lifted off the skylight when air was wanted, which process was accomplished by pulling down a balance weight that hung in the centre. Merry stood on one of the ledges in front of the seats to reach this, which, not being very tall, he was barely able to touch. Just as he caught it, however, Macarthy, who was behind him, gave him a slight push, and missing his footing, he clutched at the weight, and swung out over the lecturer's table, kicking out his legs as he oscillated towards each side, in the endeavour to reach them—a feat perfectly impracticable.

I never heard such a roar of laughter in my life as arose at this accident, for he looked so very ludicrous as he spun about, that even the opposite party could not help smiling, indignant as they were at the proceedings.

"Bravo, Chim!" shouted Okes. "You shall have a pole, when the summer comes, set up in the garden on purpose for you, with a tub at the top to live in."

"I'll go to blazes if this don't beat cockfighting hollow!" was the polite assertion of Mr. Swubs.

"Make room for the Flying Phenomenon!" cried Mac, twisting the unfortunate Merry round with the handle of his walking-stick.

"Gentlemen," said Randle, who could scarcely keep his countenance, and yet, being house-surgeon, was obliged to be somewhat

orderly; "gentlemen, I think I may dissolve the meeting."

"Three cheers for the jovials," cried Huggles, "and then for some lunch."

As he spoke, the "Flying Phenomenon" dropped on the table, the rope having become somewhat steady. His face was like a boiled lobster, and he appeared in the last stage of excitement.

"Gentlemen," cried he, as soon as he found time to speak, "I beg those who are of my way of thinking will remain here a short time, in order to draw up an address to send to the Board."

"You and the Board be d——d," cried Okes, feeling in his pocket for his pipe. "Come along lads—who's for beer?"

The theatre was soon emptied, with the exception of the few who remained to countenance Merry in his projected address. They shut the doors, and presently we heard them all talking very warmly, and contradicting each other every minute.

"I've such a lark," said Mac, quietly to the others, when they got into the dissecting-room.

"Out with it then," cried everybody.

"The keys of both the doors are outside," returned Mac, looking inexpressibly knowing.

"Let's lock 'em all in, and go away."

"Don't make a row about them," said Huggles, "and I'll show you some sport. Wait a minute."

As he spoke, he left the dissecting-room and went into the laboratory. The others crept softly away to lock the doors, which consisted of two in number; one for the lecturer to come in at, and the other at the top of the stairs leading to the theatre, for the pupils.

Fortunately for Macarthy's plan, our professor of chemistry, Mr. Mulltest, had gone home to lunch, leaving his "man Jack" to look after the furnace and retorts in his absence. From this assistant, who was familiarly termed "the Chemical Tom-tit" by the pupils, Mac procured a small bottle with a bent tube fitting into the cork, and then having begged, in addition, a small quantity of sulphuret of antimony and hydrochloric acid, came back to the dissecting-room.

There was a large space running round under the seats of the lecture-room, which I turned into a sort of closet for things that would otherwise have been lying about. In this lumber space Macarthy now crept, and boring a small hole through the woodwork of the theatre, with a gimblet that he carried in his knife, he inserted the end of the tube, and began to produce the gas. For a little time it was not noticed by the unfortunate troop of potterers, who were busily intent upon drawing up their petitions to the Board; but as the sulphuretted hydrogen became more copiously evolved, it half suffocated them. It was in vain they tried to open the doors, for they were both fast closed, and the mystery appeared to them the greater, because they could not discover the aperture from whence the noxious vapour emanated, on account of its small size. They began to "hem!" cough, spit, and swear; and finally, with the desperation of the prisoners in the Black Hole, they burst open the pupils' door, and rushed out amidst the shouts of exultation from the other party, who had collected on the stairs, whose merriment was not lessened at beholding Chim's eccentric sneezing, as he winced and quivered like a monkey after a pinch of snuff.

So ended the Medical Society, to the inexpressible dismay of Piddy and Crips, when they heard the result next morning. With respect to the dinner which was provided from the funds, I have much to relate; but as it did not take place until some weeks after the dis-

solution of the society, I reserve the account of it and its events for a future chapter, turning my endeavours, in the meantime, to relate events of equal interest and importance to that extensive community—the Medical Students of London.

ROCKET.

PROPOSED TESTIMONIAL TO SIR ASTLEY COOPER.

To the Editor of the 'Medical Times.'

April 21, 1840.

SIR,—A review of Sir Astley Cooper's splendid work, 'On the Anatomy of the Breast,' having made its appearance this quarter in the 'Medico-Chirurgical Review,' dedicated "To the Members of the Medical Profession," I had hoped ere this that some eminent member of the faculty would have duly returned the compliment, by recommending a public acknowledgment to Sir Astley in the presentation of some lasting memorial of so great a man's fame. It is universally admitted that Sir Astley has done as much, if not more in the science of surgery, than any man in the universe; and can the profession produce another instance of one of its members labouring hard for a period of fifty years in the cause of science, and that labour attended with the most happy results? Surely, then, the profession is in duty and in justice bound to offer some public testimonial, not only as a mark of the worthy Baronet's superior professional talents, but for his urbanity, kindness, extreme attention and willingness to assist by his advice the junior and less fortunate members of the profession. When a man reaches the *jubilee* of science, if I may so express myself, and even beyond that period is assiduously dedicating his time in furtherance of fresh matter of usefulness, he merits every encomium that it is in the power of the human mind to suggest. Provided that the profession will at once evince its respect, by coming forward and assisting in so noble a project, it would only remain for a Committee to be formed to carry the same into effect. I have the honour to remain, Sir, your very obedient servant,

SAMUEL WEEDING, M.D.

Hollesley, Suffolk.

NEW AND MORE CONVENIENT VESICCATORY.—As a new empirical vesicatory is advertised in the newspapers, it may be well for the profession to be made acquainted with its composition, or that of one substantially the same, which is used in some of the Paris hospitals, especially by Bouillaud, Berard, and Trousseau.—Trousseau, after having made a tincture of cantharides in æther, distilled off the menstruum. The residuum was a sort of thick greenish oil, which possessed all the vesicating power of the fly. A very small quantity of this substance smeared on blotting-paper which is placed on adhesive plaster is sufficient to produce a blister of the most perfect kind. No greater quantity is necessary than barely to moisten the paper; and as country surgeons can always carry a small portion of the impregnated medium in their instrument case, they may have opportunities of applying their own blisters while at the bed-side of the patient, in cases where delay might be productive of evil.

By a German paper (*the Medicinische Annalen*) we learn that Dr. Puchelt, of Berlin, has been making experiments with the hydrated peroxide of iron, with a view to discover its efficacy as an antidote to the effects of arsenic; and the result is, that its power as a specific against this poison has been entirely confirmed. Seven cases are related which appear to place the fact beyond a doubt.

TWELVE DAYS' VISIT TO THE AMPHITHEATRE,
HOSPITAL LA CHARITE.

Paris, April 9, 1840.

THE practice of M. Velpeau is to pass in review at 9 o'clock every morning the cases received and discharged; after which the patient to be operated on is the subject of a clinical lecture, before he or she is brought into the theatre. As my object is to notice only what I saw, and not what I heard, I confine myself to the operated cases, with one or two exceptions, which I had an opportunity of studying in the ward.

CATARACT.—DIAGNOSIS OF BLACK CATARACT.—My first visit was on Friday, March 27, and the first patient I saw was operated for cataract by depression, although no hope was entertained of success in consequence of a part of the lens being still pervious to the light, without improving vision. A second case of failure was adverted to as having just occurred from a similar cause; and three days afterwards a third was operated with equally unfavourable prognostic. The operations were pressed on M. Velpeau by the patients, and he seems to be influenced by a laudable desire of giving to every one the benefit of a chance of cure, however remote that may be. I have reason to approve this practice, for I once cured a patient who for twenty years had laboured under black cataract, after having been declared to be incurable by the most eminent surgeons and oculists in London. If any one of those gentlemen had given this patient the benefit of a chance, he might have been cured twenty years previously. The eyes had all the appearances of amaurosis; there was, however, one mode of distinguishing the two diseases, which I believe is not generally known in England, although it has been employed with success in the Paris hospitals.

If the lens be opaque, no matter what be its colour, it will be so impervious to the light of a taper held in front of it, that none can be reflected from the concave *mirror* of the bottom of the eye; but if it be transparent, as in pure amaurosis, the light will be reflected in the form of an inverted flame, while a second, but upright flame, will also be reflected from the anterior convex surface of the lens.

Here then is a perfect criterion of a healthy lens; but if we look into the eye, either healthy or amaurotic, with a lighted taper in front of it, after having dilated the iris with belladonna, we shall perceive not only the inverted and the upright flame of which I have spoken, but a second upright one produced by reflection from the convex cornea. There are, in fact, three flames, two upright and one reversed, the reason of which will be obvious, from attention to the following simple physical facts.

Place a lighted taper before the convex surface of a watch-glass, having a black ground for the reflection of the light, an upright flame will be seen on the glass. Place a second watch-glass on the first, and a second upright flame will be perceived. In the human body the same physical results are produced by the cornea, and the anterior or convex surface of the lens.

Take a third watch-glass having the same black ground for reflection, and the lighted taper presented to its *concave* surface, will be reflected in an *inverted* form. This glass is represented in the human eye by the *concave* part of the lens, but by continuity of transparent surface in the humours, the reflection of the inverted image in the eye is effected by the concave surface of the vitreous humours.

Some little practice is required to make out these results in the human eye; but it may be taken as a fact, that the inverted image can

never be found when the lens is opaque, as in cataract, whether it be white or black. On the other hand, where that image is found in concurrence with loss of vision, the disease must be amaurosis.

OPERATION FOR EMPYEMA.—That necrosis of bones of the chest may be confounded with collection of fluid within the cavity, and that the evacuation of a diffused abscess covering the necrosed parts may press for the operation of empyema, may reasonably be inferred from this case; but we must wait for the death of the patient in order to obtain a precise solution of the question.

The patient was sent from the ward of M. Andral to M. Velpeau, for operation. He was suspected to have tubercles, before the matter was discovered externally; but when so accurate a diagnosticator as M. Andral merely suspects, we may conclude that unequivocally marked symptoms of pulmonary disease could not exist. The man had a distressing cough, and haggard countenance, with an appearance which marked long suffering. On percussion, the left side, towards its posterior part, gave the dulness of sound which usually accompanies fluid within the cavity of the chest, but which might also be heard in diseased ribs when accompanied by thickening and infiltration of the surrounding parts before suppuration. The chest was enlarged at this spot, and looking at the part posteriorly, the difference between the two sides was evident.

The evacuation of the fluid was effected by a trocar of extreme tenuity, so as to afford as little opportunity as possible for the ingress of air into the emptied cavity; but on the following day a distressing train of symptoms came on. The patient coughed most violently, almost to suffocation, and expectorated a great quantity of serous matter mixed with air; some filaments of blood were also perceived. His countenance betrayed increased suffering; his skin was hot, he complained of pain in the side, and the evacuated cavity was again filled.

A new and more extensive orifice was now made, which gave exit to a large quantity of fetid dark-coloured pus; whereas the contents of the sac, on the first operation, were free from odour and of a light grey. A question arising in the mind of the professor, as to the cause of this change in smell and appearance, he denied that any air could have penetrated into the sac, which to me is by no means clear. Cloquet in explanation of the tendency of pus to alter after the opening of the cavity containing it, says "it gasifies," but this leaves us as much in the dark as ever.

M. Velpeau now laid open the sac still more largely, and on introducing his finger discovered large caverns in various directions, upwards over the chest, backward to the spine, and downward towards the loins. The ribs were found necrosed and rough. There seemed nothing to lead to a determination concerning the cavity of the chest; but it may be noted, that although the abscess was empty, the dulness of sound (*matité*) still existed on percussion. —Whatever be the cause of this disease, its fatal termination is inevitable, and I will take care to forward the appearances on dissection. I had no opportunity of examining the angle at which the ribs of the affected part branch off from the spine. This might perhaps assist the diagnosis. In a natural state the bones take a downward course at an acute angle, and I see no reason why that angle should be altered where the bones are merely necrosed; but when the cavity of the chest is filled with fluid, they are rotated upwards so as to make right angles with the spine, whereby they produce a greater convexity of the chest on the

affected side. There certainly ought to be no mistake on this subject.

SURGICAL OR ATMOSPHERIC CONSTITUTION OF THE CHARITE.—After closing his observations on the preceding case, M. Velpeau noticed the change that had occurred in the surgical constitution of the hospital during the last months. Erysipelas, and its kindred, phlebitis, had been of rare occurrence, although in former times they had proved serious impediments to the success of surgical operations. On the other hand, purulent disease had prevailed to an unusual extent, without any apparent cause. Several abscesses of the scrotum had arisen spontaneously; and it has been remarked that although suppurative complaints prevail, yet the patients operated on are not the persons affected by them.

RESECTION OF ONE SIDE OF LOWER JAW.—This operation, once the wonder of the world, seems now, in the hands of a good surgeon, as simple as a common amputation; and I ascribe this result to the use of the chain saw, not only as employed by M. Cusack of Dublin, for the section of the anterior part of the bone, from within outwards, but of the ascending branch also, whereby the disarticulation of the condyle is avoided, and a principal difficulty of the common operation got rid of. There can be no necessity for disarticulation unless the articular head of the bone be affected; on the contrary, the greater the portion of the bone retained, the greater is the chance of the intervening space being reproduced, of which favourable result we have many examples.

The incision differed from that formerly employed by M. Velpeau, inasmuch as the skin covering the cancerous tumour of the bone in this case partook of the disease. The diseased mass was enclosed within two elliptical sweeps meeting each other on a line with the mastoid process on the one hand, and the commissure of the lips on the other. The usual dissections above and below the tumour laid bare the portions of the bone to be severed, one of which was about half an inch from the chin, and the other in the middle of the ascending branch. The chain saw was then passed to the inner surface of these portions in succession, by means of a needle constructed for the purpose, and these parts were sawn through from within outwards. Very little blood was shed, but it was deemed prudent to tie the divided facial artery. The remaining dissection need not be described. The angular parts of the incision were brought together by common pins and the twisted suture, but the central cavity was filled with *charpie*, or French lint, which, I may add, is infinitely better for practical purposes than our own, and which must eventually be introduced into England in all cases where absorption of discharge is an object to be attained.

The prognosis in this case is unfavourable. The cancerous disease had formerly existed in the lip, from which it was extirpated, and there seems as much reason as ever to dread its reproduction. M. Velpeau remarked, that surgeons are very ready to publish the successful results of operations, but in general we hear nothing of the recurrence of the disease. A Paris hospital surgeon published six cases, at different periods, in a journal devoted to his interest; at length the surgeon and the writer disagreed, and the secret came out that five out of six of the patients had subsequently died.

The history of this case, as given by M. Velpeau, is as follows:—The man is sixty years of age, of dry constitution, and good general health. The most accurate examination detects no disease either in the heart, the lungs, the brain, or the bowels. Twelve months ago a pimple made its appearance on the edge of the lip, which after having been subjected to

various treatment without effect, was extirpated.

About six months ago a tumour arose in the angle of the jaw, which suppurated and was opened; other indications subsequently joined the diseased part, attended with acute lancinating pains, and impeding the motion of the jaw. The whole of the right maxillary region, from the parotid to the os hyoides is affected; the tumour extends under the tongue, but without adherence. The bone is evidently diseased above the angle, where it is irregularly enlarged. The skin adheres to the subjacent morbid parts, and partakes of the ulceration which affects them.

The man was full of courage, and submitted to the operation with a knowledge of all the uncertainty of its result, and of the probability of a second return of the cancerous disease in some other part. On dissecting the extirpated bone with its adherent tumour, the whole substance was found of a cerebroid appearance.

HYDATED TUMOUR FROM STRAINING TO LIFT.—One of the most singular and most inexplicable facts in science is the formation of living animals in the organs of living man. What shall we say of these creatures being brought into existence by a violent effort to lift a weight? The subject of this case, a female twenty-six years of age, on the effort in question, felt a sensation as if something cracked in the lower part of the abdomen. In course of time a tumour formed on the right crista illi. On opening the tumour, on Thursday last, myriads of little hydatids escaped; they were followed by the mother, in which they had been enclosed. The longest of the offspring did not exceed the size of a small pea, and lest any doubt should arise of their being the *true* hydatid, (*Tenia Hydatigena*,) it is right to notice that they were perfectly unconnected by pedicle with the cyst; for the *spurious* hydatid is generally supposed not to be enclosed in a cyst, and to be incapable of existence without attachment to its fellows, or the place surrounding; neither do the larger vesicles contain others attached to their internal coats, yet they are found of different sizes, from that of a pin's head to that of a large pea or common grape, clustered together.

On passing the finger into the voided cavity the bone of the ilium seems to be diseased, which presents an unfavourable prognostic. The woman, however, has been obliged to leave the hospital on account of family affairs.

This is the second case of hydatid tumour which has appeared in the hospital within two months. The former case terminated favourably, nor did any suppuration occur after the incision which gave vent to the animacules.

ECCHYMOSIS OF THE EYELIDS A SIGN OF FRACTURE OF THE BASE OF THE SKULL.—This would be a startling proposition if extended beyond those cases where a blow on the vertex is followed by palpebral ecchymosis by *contre-coup*. In such accidents the fracture of the basis of the brain may be confidently predicted from the appearance in question. This fact has again been manifest in the person of a stonemason, who fell from the window of an upper story into the street. The vertex was largely fractured and denuded, while the eyelids on one side were suffused with blood. As a portion of the skull was depressed, M. Velpeau availed himself of that occurrence, to call attention to the heaving motion of the brain which elevated the loosened fragments and propelled from between the dura-mater and cranium the exuded blood and serum. This expansion of the brain has it appears been disputed by some. Both thighs and one arm were largely fractured, with protrusion of bones; and so extensive was the mass of injury, that

death was inevitable.—On dissection the particular fracture of the base of the brain was noticed as foretold.

EXCISION OF ENLARGED TONSILS: two cases.—The first of these was dexterously relieved of an exuberant gland on the right side, by means of a sort of guillotine knife, invented by a son of M. d'Arcet, the Academician. Though this instrument is not called for by any difficulty of extirpating a diseased tonsil, it may be useful in the hands of surgeons who are not practised in the use of a scalpel in the throat; and children who would not bear the sight of a knife, might be induced to believe the instrument to be merely for the purpose of exploration, inasmuch as the cutting blade is entirely concealed.—In the second patient, the tonsils having a large base were supposed by M. Velpeau to be more fitting subjects for the knife and hook. The instrument employed is long, pointed, and narrow, which I think inferior to the circular edge of an English scalpel. The incision is made from below upwards, for an obvious reason; that if adjacent parts should be accidentally wounded, better is it to incise the palate than the tongue. Moreover the blood flows away from the knife in the one case, and would, to a certain extent, impede the view of the surgeon in the other. The hemorrhage, however, is very trifling; but I remarked that the guillotine knife scarcely produced a drop of blood.

REVIEWS.

On Cataract; its Nature, Symptoms, and Cure. Fifth Edition. By JOHN STEVENSON, Esq., M.R.C.S., Surgeon Oculist and Aurist to his late Majesty, &c. Highley.

AMONG his other works on Diseases of the Eye and Ear, the author, some years since, published a systematic 'Treatise on Cataract,' elucidatory of his peculiar views, and of the improvements he had introduced into the treatment of that form of blindness; which went through four editions, the best proof of the estimation in which it was held by his professional brethren. Subsequently he wrote the popular one under consideration—which has already reached a fifth edition—for the use especially of such persons as may feel a personal interest in its discussion; a less glorious undertaking, to which he was prompted by the laudable motive of diffusing a more correct and general knowledge of the subject, and thereby to prevent the afflicted from becoming the unconscious dupes of ignorance and empiricism.—The small volume contains a brief, but very lucid description of the character and phenomena of the disease, and of the operations usually resorted to for its removal. But the leading object of the author is to show, by the most cogent arguments, founded on well ascertained facts, not only the absurdity, but the danger even of postponing the requisite means of relief until the Cataract becomes *ripe*, and vision wholly extinguished; when, and not before, the surgeon steps in, and contends with the malady in its inveterate and divest shape, and dislodges it, if practicable, by the difficult and uncertain operation of *couching*, or *extraction*, after a more or less tedious and distressing preparatory course! While, too, the processes just named are limited to adult subjects, and to one of the different forms of Cataract, Mr. S. proposes a method of eradicating the disease as simple as it is rational, and nearly painless, and which, dispensing with the complicated machinery of the old systems, can be rendered efficiently applicable to its several styles and varieties, and at any time of life. The alleged superiority of our author's plan

must rest on purely *practical* grounds. If its value be such as is described—and of this we see no cause for doubt, when the numerous instances of success, added to the candid manner in which he adduces and refutes every conceivable objection, are duly appreciated—it is only justice to admit that Mr. Stevenson has achieved one of the greatest improvements in the modern surgery of the eye, by lessening the dangers incidental to the customary methods of dealing with the disease, and accelerating its removal, and the restoration of sight, when adopted at the early period suggested. For these reasons, as well as on account of the full information the work is calculated to afford on every point connected with Cataract, we cordially recommend its valuable contents to those particularly who are sufferers under the disease on which it so ably treats.

BOOKS RECEIVED FOR REVIEW.

Medico-Chirurgical Review for April. Highley.

Revue Scientifique et Industrielle.

Dr. Granville on Counter-Irritation.

[This last work has been too long before the profession and the public to render a review requisite or desirable.]

MEETINGS OF SOCIETIES.

FACULTE DE MEDECINE, PARIS.

(From our own Reporter.)

POISONING BY METALS—ARSENIC NATURALLY IN THE ORGANS?

M. ORFILA, in his second lecture on poisoning by antimony and arsenic, mentioned a point of practice in the investigation of suspected cases, which cannot be too generally known. When poisons are taken into the stomach, they are absorbed into the circulation, and are finally excreted by urine if the patient live long enough. When no trace of arsenic remains in the stomach, it may still by possibility be found in the blood, or in some of the organs, as the liver, kidney, or brain, but at length it passes from them into the urine. In every case, therefore, the first point to be attained is to preserve the urine, for without this precaution, the art of the medical jurist may be exercised upon the organs in vain. It follows also from these premises, that diuretics, from their property of increasing the urinary secretion, may be useful in the treatment of mineral poison.—The professor announced that he was about to proceed to the neighbourhood of Bordeaux, at the requisition of the King's Procurator, to investigate the case of a man suspected of having been killed by poison twelve months ago. I have ascertained some particulars of this case, which are worthy of note. The man has been now buried twelve months, and was disinterred for juridical inquiry four months ago. Several medical Experts of the place of his residence were employed to examine the organs in order to detect the poison, if any—but these gentlemen having differed in opinion, the professor of the faculty is consulted. Portions of the putrid flesh and organs have been sent to Paris, and are here pronounced to contain poison; the most curious fact, however, is, that a part of the flooring where the poisoned *tisane* of the deceased was overturned in his dying moments has been scraped, and the scrapings, at the end of twelve months from the event, are found to contain arsenic. But it should be remarked, that floors in France, instead of being washed are dry-rubbed, so that an arsenical solution soaked into them would deposit the metal by evaporation.—There is upon this subject a point of paramount importance to be kept in view, which Orfila has unaccountably concealed from his class, at this lecture at least, viz., that the human body in its normal state contains arsenic. This has been proved by M. Couerbe at Dijon, who accuses the professor of robbing him of his discoveries concerning the detection of arsenic; and upon the recent trial of a criminal, who was condemned in November or December last, and subse-

quently guillotined for having administered poison, M. Orfila, who was an evidence for the Crown, was strongly opposed by Raspail, a celebrated philosophical chemist, on the ground that *arsenic did naturally exist in the organs*. A literary war is now raging between the professor of the faculty and M. Couerbe, which latter states, that his adversary himself ordered the guardian of the *Ecole Pratique* to provide human bones for the experiments, which he Couerbe performed in his presence. He calls to his mind that a capsule worth fifteen francs was broken by the experiment, by the sudden inflammation of the powdered bone when treated by nitric acid—that the bone was transformed into a light and very voluminous cinder, and that the gaseous products in projecting forth, gave to the mixture the aspect of white of egg beaten up. From this mass, spots of arsenic were produced on the capsule, and distinct spots of orpiment were precipitated by the sulphuretted hydrogen, which was set free at the commencement of the experiment. The metal was converted into arseniate of lime during the incineration.—It will be remarked that Orfila's experiments on the organs, are based upon the fact, that metals are absorbed, which is contested by some. In order to put the question to the test, he made the following experiments. Nine *deci*-grammes of arsenic were put into a wound of a dog's thigh. The animal died in two hours. All the organs contained arsenic, but none had found its way into the urine—which was probably owing to the rapid dissolution of the animal before it could be secreted.

Two grains were applied to the wounded thigh of another dog. He died in thirty hours.

A strong dose was poured into the stomach of a dog, and the œsophagus was tied to prevent its ejection by vomiting: the dog died in six hours.

In none of the animals which survived six hours was the arsenic wanting in the urine. This will serve to show the limits of the period for the arsenic beginning to pass off by the secretory ducts.—The urine of a dog which had survived the administration of the arsenic fifteen hours, was evaporated to dryness, and a portion of it carbonized with nitric acid and chlorhydric, as reported in a late number, was put into the mixture of zinc and diluted sulphuric acid for the production of hydrogen, which gas in a state of inflammation, being directed on a porcelain surface, deposited the arsenical spot.

To prove that the spot in question was arsenic, a stream of pure hydrogen in combustion from another vessel, being directed upon it, instantaneously effaced it.

In every experiment upon dogs, the urethra must be obstructed by ligature to prevent the urine passing off.

Twenty hours after the administration of arsenic it is only to be calculated upon in the urine.

POISONING BY CORROSIVE SUBLIMATE—DETECTION—TREATMENT.—M. Orfila, in the course of his lecture on Tuesday, took up the question of poison by the oxymuriate of mercury, its treatment, and the mode of detecting such minute portions of the metal as would escape the common tests. He has not yet ascertained by experiment whether mercury, like arsenic and antimony, are to be found in the blood, in cases where it has been taken into the stomach, or absorbed by the lymphatics; but he entertains no doubt that such will be found to be the case.—The first fact to be borne in mind, both as it respects the detection of the mercury in the animal fluids or solids, and the treatment of poison from sublimate is, that the latter in combination with animal matter creates a new compound insoluble in water, consequently that matter must be destroyed before the mercury can be detected. A portion of flesh immersed in a solution of sublimate, and dried, becomes hard and imperishable as a stone; but the animal matter being destructible by the return of chlore, which is disengaged in a mixture of nitric and hydrochloric acids over a charcoal fire, the separation of the metallic salt is easily effected, and may be then detected.

The usual tests of mercurials in solution are too well known to require enumeration; but these salts may be in such minute quantities, and so diluted, as to escape the ordinary tests. Potash

will be impotent to produce the grey oxide, and ammonia will fail to produce the white; but the electric pile of Mr. Smithson, a copper or gold wire, with a lamina of tin spirally wound around it, so as to leave interstices of the other metal, will be found capable of bringing the mercury to light. The pile of the combined metals is placed in the solution to be tested, which is acidulated by a small portion of hydrochloric acid. The disengaged mercury is, by electrical attraction, deposited upon the interstices of the copper or gold in the form of a white powder; but as the tin itself might be also deposited, the only mode of proving the presence of mercury is, to enclose the pile in a small glass tube, which being heated, will volatilize the mercury, and make it appear on the surface of the glass. An anecdote related by the professor on this subject deserves notice, because it shows how men may be deceived who have paid the closest attention to this branch of practice. He was required by the King's Procurator to determine whether the medicine of Giradeau de St. Gervais did, or did not, contain mercury. The liquor was tested, and the white deposit being found, the existence of mercury was averred, but the quack insisted to the contrary. Orfila then caused the medicine to be prepared in his presence without mercury, and to his great surprise he found the same white deposit. Hence he concluded that this phenomenon was the effect of the tin, and that the only mode of proving the existence of mercury was by volatilization. As to the treatment, it seems clear that as sublimate produces an insoluble compound with animal matter, the mode of counteracting the poison is, to administer that matter in the greatest possible state of disaggregation. Jelly or white of egg mixed up with water would absorb very large portions of the poison, and render it insoluble, and consequently inert. M. Orfila, on mixing four drachms of the corrosive salt with a portion of white of egg, said "here is salt enough to kill ten or fifteen dogs in seven or eight hours, yet with the mixture of albumen it becomes perfectly innocuous. I might even administer a hundred drachms without bad effects." I suspect that the hundred drachm dose will turn out to be one of those figures of speech, which ardent minds are allowed to employ for the purpose of expressing the strength of their convictions.—Thenard, in one of his lectures, swallowed by mistake a solution of nitric of mercury for a glass of water. He instantly sent for seven or eight eggs, and swallowed the whites mixed up with water, by which means he escaped the effects of the poison. The ingurgitation of seven or eight whites of eggs, is of itself almost sufficient to produce vomiting, which was the result in the case of this gentleman.

HOSPITAL REPORTS.

HOSPITAL ST. LOUIS, PARIS.

NEURALGIA FROM BLEEDING.

A WOMAN, after being bled in the cephalic vein, felt acute pain, and the fore-arm was involuntarily and suddenly bent at right angles upon the arm. The pain at length radiated with intense suffering down to the thumb, and in this state she remained ten months, without experiencing relief from any treatment at this hospital: a blister was applied, and the denuded surface was powdered with stramonium. This having failed, the cautery was used with no better success, and the section of the suffering nerves was the only remedy which seemed to offer a chance of relief. The chief pain being seated at the palmar surface of the lower extremities of the radius, a transverse incision was there made by M. Jobert, whereby a nervous filament was denuded, and being seized with the forceps, was divided. The pain of this part of the operation was intense, but the primitive pain was got rid of between the divided nerve and the elbow; the pain between the elbow and axilla, and that from the divided nerve to the thumb, were to be remedied by a new division. This, at the end of of eight days, was performed at the elbow by a transverse incision, which brought the nerve to light as in the former case. The slightest drag upon

it produced intense agony, but its incision put an end to all suffering at that part: there yet remained the pain upward towards the axilla, and in the thumb, but these were removed by other incisions. The flexion of the arm had ceased after the operation at the elbow.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeon J. Wingate Johnston, M.D., to be superintendent of the Asia convict-ship.

ARMY.—1st or Grenadier Regiment of Foot Guards, Battalion Surgeon James Johnson, to be Surgeon-Major, vice John Harrison.

HUDDERSFIELD INFIRMARY.—The post of Apothecary to this Institution is vacant. Candidates are required to be Licentiates of the Apothecaries' Company, and to engage for three years from the first July next. Salary £60 per annum, with board, washing, and lodging in the house. The election rests in the Governors, and will take place on the 26th of June. Candidates must send in their testimonials, directed to the Medical Officers, at the Infirmary, Huddersfield, on or before the 10th of June.

MANCHESTER INFIRMARY, LUNATIC HOSPITAL, AND ASYLUM.—In consequence of the resignation of Mr. Wm. Smith, an unmarried gentleman is wanted as House-Surgeon to these Charities. Candidates are required to produce a diploma from the Royal College of Surgeons in London, Edinburgh, or Dublin, and a licence from the Worshipful Society of Apothecaries in London. The duties of the house-surgeon are to assist the surgeons at operations, and in dressing the patients; to visit the patients in the absence of the surgeons, under whose control he is to consider himself; and to take charge of the accidents, in the absence of the surgeon of the week. He must make an engagement for not less than two years. No salary is given; but the whole medical and surgical practice of the house will be open to him, and he will be provided with board and lodging in the Infirmary. Letters from candidates, with testimonials, are to be sent in before the 25th April.

MEDICAL OBITUARY.

At Kingstown, Joseph Mayne Cooke, Esq., M.D.—At Liverpool, John Grant, Esq., M.D.—Much regretted by his relatives and friends, Mr. James Kidd, surgeon, of Faruworth, aged 34 years.—On the 7th inst. suddenly, aged 36, J. A. Marshall, Esq., surgeon, Aylesbury.

The students of King's College have presented to Mr. Arnott, their late Surgical Preceptor, a memorial expressive of the deep regret they have felt at his being compelled to retire from a chair which he so honourably filled, and for which he was so eminently qualified, and at the same time assuring him of their warmest gratitude.

In the HOUSE OF COMMONS on Wednesday week, MR. WAKLEY presented a petition, which he stated to emanate from the medical practitioners of Stowe, Bridgnorth, and Carlisle, praying for Medical Reform, and for the revival of the Medical Committee of 1834!—Can the force of humbug further go?

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, April 16:—William Frodsham, London; John Harrison, Liverpool; Matthew Treacy, Whitehaven; William Hargreave Hardcastle, Leeds; Robert James Mann Thorpe, Norwich; Thomas Williams, Swansea; Richard Leacroft Treer, Stourbridge; John Robert Ede, Stonehouse, Devon.

TRICHIASIS.—M. Bourjot communicated to the *Société d'Emulation* a case of this disease treated with success by a well-known operation, that of cutting down upon the bulbs of the offending lashes, and excising them.—*Gazette des Hôpitaux*.

ADVERTISEMENTS.

On Friday the 1st of May, will be Published, in Two Volumes, with Plates,

A PRACTICAL WORK on the DISEASES of the EYE, and their TREATMENT, MEDICALLY, TOPICALLY, and by OPERATION. By FREDERICK TYRRELL, Senior Surgeon to the Royal London Ophthalmic Hospital; Surgeon to St. Thomas's Hospital; Professor of Anatomy and Surgery at the Royal College of Surgeons, London, &c. &c.

Just published, 1 thick vol. 12mo., cloth, price 12s. 6d.

A MANUAL for the COLLEGE of SURGEONS. By J. STEGALL, M.D., and Mr. W. HILLES. This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

Extracts from Reviews.

"This is a most valuable epitome of anatomy, surgery, and physiology. No student should go up without consulting this work."—*Medical Miscellany*.

"The Manual above mentioned must be a great treasure to the student. It is rendered fit for the country practitioner, who can carefully peruse its pages, and thus refresh his memory with those essentials of his profession with which he was familiar in the days of his youth."—*Monthly Magazine*.

"This book will undoubtedly help a man through the College, and, what is far greater praise, may teach him something afterwards."—*Medical Times*.

London: JOHN CHURCHILL, Princes-street, Soho.

THEATRE OF ANATOMY AND MEDICINE, WEBB STREET, MAZE POND, BOROUGH.

The Summer Session will commence on Friday, May 1, 1840. Anatomy and Physiology, Mr. Grainger, Mr. Pilcher, and Mr. Barron.

Developmental Anatomy, Mr. Grainger.

Forensic Medicine, Dr. Southwood Smith and Mr. Cooper.

Midwifery, and Diseases of Women and Children, Dr. Reid.

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MEDICAL PORTRAITS.

A MORNING AT GUY'S HOSPITAL.

ACCOMPANIED by a friend, we paid a morning visit to this hospital on a fine day in the beginning of last October. We had scarcely got within the confines of the hospital, but we saw it notified that Dr. Babington and Mr. Cooper were going round the wards, that Mr. Callaway and Mr. Cock were seeing out-patients, and that post-mortem examinations were being carried on. "Did you want lodgings, sir?" said a civil functionary, with everything black about him but his face. "No, thank you." "Have you your tickets, sir? Oh! you've not entered yet; very well, sir. Botanical lecture going on, sir; second door to the right, sir. Anatomical lecture soon begin, sir; third door down the steps. Like to hear them, sir? Beautiful lecturers here, sir! Mr. Stocker gives tickets, sir; first door to the right, sir." We stopped the gentleman by walking up stairs in search of the gentlemen going round the wards, calculating by what possible contrivance a student could manage to attend anatomical and botanical lectures, see in-patients and out-patients, and attend post-mortem examinations at one and the same moment. We threaded some passages, and seeing a door open, over which was the euphonious designation 'Naaman,' we went in and saw a young man, whose exuberant breadth of velvet made sensible a latent tendency to dandyism, engaged in taking notes of the cases. "From the country, I presume?" said the gentleman with the velvet. "Yes." "Oh! then let me recommend you to join our Clinical Report Society, and come to the first meeting." He would have gone on, but there was a tramp of feet behind us, and an upright gentlemanly man entered, followed by about twenty students. He wore black coat and trousers, and light waistcoat; but notwithstanding this, the military air was evident. "Who's the soldier?" said we to our friend with the velvet. "The soldier? Oh, that's Mr. Bransby Cooper: he was in the army: Sir Astley's nephew, you know." We followed in the train, and came to the bed of a man who had fallen from the mast of a vessel, and sustained some spinal injury, but had recovered with the exception of a troublesome cough. The customary inquiries were being made, as a dismal looking genius with an immense proboscis and long lanky figure came from the other end of the ward, brandishing a stethoscope, and followed by some six or eight pupils. "Good morning, Babington," said Mr. Cooper. "Good morning; what have you here?" "Oh! this man had retention of urine from spinal injury; but he's got better, except a cough we scarcely know how to manage." "Ha! they, I suppose, wish a *physician* should see him. What trade was your father, my fine fellow?"

"Don't know, sir." "Ha! hum! odd!" The stethoscope was applied to the *postero inferior* regions of the thorax, and then the sapient doctor said, "I think he's a little phthisical: what is he taking?" "Oh! julepum ammoniæ." "Ha! oh! hum!" "Will you suggest anything?" said Mr. Cooper. "Oh! hum! ha! let me see. Well, suppose you add a drachm of oxymel scillæ to his mixture." "So much for Babington" thought we, and were going to add 'off with his head!' but, on second thoughts, this appeared a work of supererogation. *Ex nihil, nihil fit.* We walked on—"That man may go out," said Mr. Cooper; "he is well. There's a practical point worth knowing there, as to tying or cutting piles; that is, to tie those which are covered by mucous membrane, and cut off those which are covered by cuticle. How is this man with the fistula?" "Oh, doing very well, sir," said the dresser. "Gad, sir," said Mr. Cooper, "the way Sir Astley used to cut those fistulæ. He had a narrow table in his dining-room, and when a person came to him saying he had pains and discharge at the seat, he'd examine, and if he found a fistula, he'd say, 'Just lean over that table, sir, and hold hard the other side;' and then he'd take a bistoury and divide the sphincter instantanè. The patient would leap up shouting 'O Lord!' and find it all over. He sometimes got into a mess that way though. He used to see patients at his country-house on Sunday mornings, and one day he served a farmer as I've told you, and sent him home in a cart. Well, they had'n't got very far before the man was faint, and they found a regular pool of blood in the cart. Sir Astley, I, and the family were at church, and they sent for him out. He would not go, and sent me. I found the man bleeding away, and an immense coagulum on the floor, and a drunken apothecary reeling from side to side, quite unable to make his finger hit the anus. I couldn't find the vessel, so I rammed about a pound and a half of lint into the rectum, and sent him home. He did very well after that. But it's time to go to lecture, gentlemen."

APOTHECARIES' HALL.—Names of gentlemen to whom the Court of Examiners granted certificates of qualification on Thursday:—Stephen Henry Ward, London; Robert Cooper Kersey, Framlingham; Frederick Prince, Balsham; Philip Rowling Sleeman, Truro, Cornwall; Peter Ladwick Burchell, London; Thomas Wilson, Hull; Henry Halkyard, Oldham; William Thomas Douglas, Northamptonshire; James Dunn, Wiveliscombe; John Travis Dunn, Scarborough; John Godfrey Phipps, London; William Newbegin, Norwich; John Birkback Nevins, Leeds.

We learn by the *Sheldrake* from the West Indies, that at Barbadoes, on the 4th February, the small-pox raged to such a degree on shore, as to enforce the packet being placed under quarantine.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE SKIN—ERYSIPELAS.

WE come in the next place to speak of *Erysipelas*, and the affection which we denominate by that term is called popularly *St. Anthony's Fire*. By *erysipelas* I understand simply inflammation of the skin. I don't regard that term as denoting any particular kind of inflammation capable of affecting other parts, though the term has sometimes been used in that sense. This *erysipelatous* inflammation has been spoken of in contradistinction to *phlegmonous* or common inflammation; but when we come to observe the phenomena that are described as characterizing *erysipelas*, we find that the description applies only to inflammation seated in the skin; and any person would be quite at a loss, I think, to describe *erysipelatous* inflammation affecting the brain or its membranes, or any other internal organ. I consider, therefore, that *erysipelas* denotes merely the particular seat of inflammation, and not the kind or nature of the inflammation; and, in fact, *crispelas* is merely another name for cutaneous inflammation, or inflammation of the skin.—Now, it is true that the mucous membranes of the body bear a considerable analogy in structure to the integuments. The two are connected together at the outlets of the various mucous canals. Thus it happens that there is a good deal of conformity in their morbid affections between these two structures; thus the mucous membrane may possibly be the seat of inflammation which approximates to *erysipelas* of the skin; thus we hear people speak of *erysipelatous* sore throat; but I believe we use the term without being able to point out any character by which the affection may be distinguished from ordinary sore throat; indeed, there is no clearly marked sign by which what is called *erysipelatous* sore throat may be distinguished from sore throat of any other kind.

In *erysipelas* we find swelling, heat, increased redness, and pain, affecting a considerable extent of the surface of the body. These effects are produced by simple vascular excitement in the part—sudden distention of its blood-vessels, without any effusion of lymph into the texture of the inflamed skin—without any of the deposition which produces the hard and firm swelling of *phlegmonous* inflammation. Thus we find that *erysipelatous* inflammation of a part comes on very suddenly, is capable of going off equally suddenly, and leaves behind no trace that is capable of being recognised by examination after death.—The redness in cases of *crispelatous* inflammation arises from a state of distention of the most superficial vessels of the body. Hence the colour is usually of a very bright red scarlet. Frequently it is observed that the redness in *erysipelas* has something of a yellowish cast in it, so that it has been compared to the colour of the rose; and hence *erysipelas*, in many languages, has received the appellation of *Rose*. Sometimes it is called so in English, and bears the same name in France and in Germany. Under certain states—that is, when the inflammation is not very active, or when the part is in a depending situation, so that the return of the blood takes place under disadvantageous circumstances, the redness may assume a livid coat. The tumefaction in *erysipelas* is soft and diffused—that is, it extends over a considerable surface. The swelling in these cases arises from a serous effusion into the subcutaneous cellular tissue;—it does not arise from a deposition into the texture of the inflamed skin, but from the effusion of serum into the cellular tissue that lies beneath it. Sometimes the inflammation is not sufficiently active to produce swelling. You may have *erysipelas* consisting simply

of increased redness, without tumefaction of the affected part. The pain that attends erysipelatous inflammation is of a smarting and burning kind, attended with a peculiar sense of heat, and when it is violent, with a very sharp sense of heat; the part is sensibly hotter; you perceive that it is so when you put your hand to it. When the inflammation has arisen to a certain height, you find that effusion takes place from the inflamed vessels on the surface of the skin—that a serous fluid is poured out from them, which elevates the cuticle into vesicles of larger or smaller size. Occasionally the vesicles thus formed are of considerable magnitude, and pretty much resemble those produced by the application of a blister to the skin, which are called in technical language of nosologists, *bullæ*. More commonly the inflamed skin in erysipelas becomes covered with an infinite number of very small vesicles, varying in size from the head of a pin to that of a horse bean, and being so thickly set as to cover the whole surface of the skin. The contents of these vesicles are in the first instance clear, colourless, and transparent; or perhaps have a slight yellow or brownish tint. In a little time they become turbid and yellow. The vesicles then break, their contents escape, and these encrust on the surface of the skin into thin scabs. After continuing adherent for a certain time, these scabs separate, and the skin will be found under them to have recovered its healthy state. When this process is going on in one part of the skin, the inflammation extends in circumference to fresh parts, and the same course takes place in these. There is first redness, heat, and swelling, then vesicles, bursting of these, encrustation, and scabbing; and as this process affects successive parts of the skin, we find that the part that has been first inflamed will have recovered and become completely sound, while the inflammation is going on actively in those parts that have been subsequently attacked in this way. Erysipelatous inflammation not uncommonly extends over a large part, or over the whole surface of the body; and this disposition to extension is a circumstance which particularly characterizes erysipelas, and distinguishes it from phlegmonous inflammation.—We can hardly wonder, when we see how contrasted the phenomena in the two affections are, that some persons have supposed that there is something essentially different in the nature of the two diseases. In phlegmon you have inflammation occurring in, and limited to, a certain spot, going through a certain series of changes in that part, and not affecting any other; while in erysipelas the inflammation spreads from its original seat indefinitely, and there is no limit to its extension, in many instances, till it has affected the whole of the body. The seat of the inflammation is different in the two cases. In phlegmon the cellular membrane is the seat of the disease, while in erysipelas it is the skin; and in reference to the spreading, you observe that the skin over the whole body constitutes but one organ; it is one continuous part, homogeneous in structure; and we cannot wonder that when inflammation has once attacked the capillaries of the skin, it should extend by continuity over the whole body. In erysipelas we see none of the tendency to limitation observable in phlegmon, from the circumstance that there is no coagulable lymph effused. In phlegmonous inflammation there is a deposition of lymph into the inflamed textures, which resists its progress; it forms a wall or barricado, which confines the inflammation to a certain part, and prevents it from extending beyond it. Now this effusion of coagulable lymph never takes place in erysipelas; on the contrary, the disposition to spread seems to be the particular and distinguishing feature of erysipelas. When the inflammation, then, has gone over the whole, or a particular part of the body, and when it has taken the course that I have described, of vesication, and scabbing, and separation of the cuticle, the complaint comes to its natural end. Sometimes, from the encrustations that are formed by the escape of the contents of these vesicles, superficial ulcerations may occur, though generally when the scab falls off the surface of the skin beneath is sound. There is not much tendency in erysipelas to the production of two circumstances

which very commonly take place in phlegmonous inflammation—I mean *suppuration* and *mortification*; we may say, in fact, that suppuration is a very rare occurrence in simple erysipelas. Towards the end or decline of the inflammation, we sometimes find a small formation of matter in the cellular membrane under the skin. Mortification is an uncommon occurrence in simple erysipelas; it may occasionally take place, but we seldom see it. On the other hand simple erysipelas often terminates by the sudden disappearance of the symptoms altogether, or by resolution; but whether vesication takes place or not—whether the complaint ends in this manner, which is the more natural termination, or whether the symptoms disappear suddenly, almost invariably desquamation occurs—the cuticle becomes separated from the skin in consequence of the inflammation, and is detached, constituting the operation which is technically called *desquamation*.—You will naturally suppose that a violent disorder like this cannot affect a large extent of the surface of the skin without being accompanied by symptoms of general disturbance. In many cases of erysipelas considerable fever precedes the development of the inflammation of the skin, so that the inflammation is rather sympathetic of the general disturbance than an original affection. When the inflammation of the skin takes place, it acts sympathetically on the digestive organs and other parts of the economy, and increases the disturbance which has originally produced it. In many cases the inflammation is produced immediately, by direct exciting causes acting on the skin—causes of an irritating kind, injuries, wounds, surgical operations, heating and irritating dressings applied to wounds after the performance of operations—all these, by their directly irritating effects, are capable of producing erysipelatous inflammation—that is, of producing inflammation of the skin which will extend from the original part more or less over the rest of the body. Now, in estimating the effect of these directly irritating causes, we must consider the state of the constitution of the individual to whom these causes are applied. A wound or a surgical operation taking place in a person in a very healthy state of body, would not be attended with erysipelas; but if you performed an operation on a person not in very robust health—if you perform an operation on a person who has been in the habit of free living, who has continued his ordinary habits of eating and drinking up to the time of the operation—if you pay no attention to the state of the individual before performing it, you would be very likely to have erysipelas follow. If you perform an operation under any circumstances, and should dress the wound afterwards in an injudicious way, by applying very tight bandages, covering the part with a large quantity of dressing, keeping it excessively hot, leaving the patient to follow an injudicious diet, allowing him to have animal food and other improper things after an operation, it is very probable that erysipelas may take place. In fact, whenever erysipelas takes place after an operation, I believe I may say you will invariably be able to trace it to some neglect, either in the previous preparation, the performance of the operation, the injudicious mode of dressing the wound, or in allowing improper diet after the operation. If you attend carefully to all these, you will not be troubled with erysipelas as a consequence of surgical operations.

Now you will find that an affection which goes under the name of erysipelas, occurs under a variety of circumstances, more or less differing from each other. There is a form of erysipelas affecting the head, which approximates very considerably, in its origin and in the circumstances that accompany it, to those diseases which nosologists have called *EXANTHEMATA*—that is, eruptions preceded and accompanied with fever. In erysipelas affecting the head, you have a febrile disturbance of the system for some days before the affection of the skin appears. The patient feels hot, feverish, and thirsty, has a white tongue, his pulse is accelerated, and perhaps strong; he loses his appetite, feels something of nausea and sickness, and then an erysipelatous swelling of some part of the face comes on. The skin becomes red and soft, diffused swelling occurs, and a portion

of the skin vesicates; and then the inflammation extends to a fresh part, which goes through the same course. Thus the inflammation creeps over the whole head; the affection occupies perhaps, in its progress, ten days, a fortnight, or three weeks. When it has gone over the whole of the head, it probably declines, and comes to an end without affecting any other part. This has been called *erysipelas exanthematicum*—exanthematous erysipelas; and it must be allowed to be a different inflammation from that which is seen in the skin, and which occurs in consequence of a wound or surgical operation.—Then you have that kind of erysipelas which results from direct irritating causes, where the local inflammation is the first circumstance, and where the constitutional disturbance, when it takes place, is the consequence of the local irritation. The inflammation of the skin which arises in this way, shows itself under different characters, in different instances. In some cases it is confined to the part in which it originally shows itself, and does not extend beyond it. In other instances, it gradually creeps over the whole of the limb in which it is first developed, or it may extend to the trunk and the whole of the body. Thus nosologists have called erysipelas *fixum*—that is, fixed to the part where it first takes place; or *erraticum*—that is, wandering or spreading erysipelas.—Sometimes the effusion of serum into the cellular tissue is a marked feature in the complaint, producing considerable swelling of the limb in which it takes place; this is called erysipelas *œdematodes*.—I should have observed, with respect to the general disturbance that attends these cases of inflammation, that, in some instances, it exhibits the character of what has been called *inflammatory fever*—that is, there is an excited state of the pulse; which is accelerated, full, and strong, with pain of the head, and the other circumstances generally which attend an inflammatory disturbance of the system. In some instances the general disturbance is more particularly marked by the symptoms which denote disturbance of the digestive organs; so that it would constitute what has been called *gastric* or *bilious fever*, where there is a foul and coated state of the tongue, loss of appetite, nausea or sickness, and an irregularity in the performance of the functions of the digestive organs generally. But whether the symptoms should be of one or the other kind that I have now mentioned, in the first instance, they often exhibit an altered character as the complaint proceeds. The general disturbance, which in the first instance may have been active, assumes a different character after the complaint has lasted some time. The pulse which was strong, may become feeble; the tongue brown and dry, and the general character of the symptoms assume a typhoid appearance. In some instances the head is very considerably affected; and in the latter stages of such affections delirium comes on, and the patient often goes into a state of *coma*, or unconsciousness; a low muttering delirium comes on, and he at last becomes stupid and insensible.

As erysipelas is essentially an inflammatory affection, the TREATMENT of it must be of an antiphlogistic nature. In young and robust persons, where the local and general symptoms are urgent, you will find it necessary to employ pretty active depletion—to take blood from the arm, to exhibit active aperient medicines, and to follow up these by the use of saline and antimonial medicines, and to employ at the same time a low diet. After bleeding and giving active aperients of calomel and jalap, or calomel and extract of colocynth, you may give the patient a solution of Epsom salts with tartrate of antimony, or you may exhibit calomel and James's powder, with saline draughts in the intervals. In fact, under such circumstances you employ an active antiphlogistic treatment.—I had occasion to mention to you, in speaking of the effect of diet, the case of a gentleman who had a local complaint in the arm, in whom an imprudent indulgence brought on a severe attack of erysipelas. I saw this gentleman about thirty-six hours after the attack came on. The affection was seated in the axilla; and at that time the shoulder, the upper extremity down to the elbow, as well as the anterior part of the chest, were all of

the brightest scarlet colour, and as thickly set with minute vesicles as possible. You could hardly put the head of a pin between the vesicles on the surface of the skin. Now the general state of that gentleman was such as might have been expected if any important internal organ had been the seat of active disease. His pulse was accelerated, full, and strong; he was excessively hot and restless; he had a white tongue, and he had lost his appetite;—and this was a state that could not be remedied by simple purging. Being a very free liver, and having had some experience in medicine, he had taken active purgatives, which had operated before I saw him, and yet the symptoms were no better. He was thirty-one years of age. I deemed it expedient to bleed him, and I removed from his arm thirty ounces of blood, which was very strongly buffed and cupped, and exhibited as good a specimen of inflammatory blood as you would wish to see. I then gave him two grains of calomel and two grains of James's powder every six hours, and in the intermediate times he took doses of saline medicines, and kept constantly applying warm fomentations. By these means, in a few days the inflammation was at an end, and he was convalescent.—You cannot, however, regulate the proceeding in this case simply by a reference to the age of the patient. This occurred in a young man, thirty or thirty-one years of age. I had occasion to remove a tumour from the side of the face of a gentleman rather above sixty. I had performed an operation of a similar kind on him once before, and found on that occasion that there was a considerable inflammatory disposition in his system. I took great pains, by proper diet and giving him purgative medicines, to bring him into a safe state for the operation, before I performed it. I happened to be obliged to leave town for two days, about three or four days after the operation, and I left full instructions as to what was to be done. But when I came back I found that his bowels had not been moved for two days, and that he had got an attack of erysipelatous inflammation over the whole head; the eyelids were swelled so that the eyes were closed; there was violent vascular disturbance, excessive heat, a frequent, but not a full or strong pulse; a foul white tongue, with a very hot and offensive breath, and the functions of the sensorium, which had been failing for the last twenty-four hours, were now very much oppressed; indeed, at the time I saw him, he was lying in a comatose state. He did not answer questions that were put to him, and, in fact, for the last twelve hours, he had not been able to articulate. His condition was a very precarious one. I immediately thought it necessary to take a large quantity of blood, and I accordingly took from his arm two pints by measure. By the time the evacuation had been accomplished, the sensorium was so much relieved that he perfectly recovered his consciousness; he was able to understand what I said to him, and answered me clearly and rationally. I then administered active aperient medicines, and continued the use of them; and in the course of five or six days that gentleman was quite convalescent. This, then, is the course of proceeding you are to adopt in cases of erysipelas, where the disease is acute, and where the individual is strong and of full habit.—There are other instances, where the inflammation is not so strongly marked—not so active in the symptoms; where the individual is not so robust, and where, of course, you do not resort to means of so active a character. It may be sufficient to take blood locally—perhaps by cupping, perhaps by the application of leeches to the inflamed part, or perhaps by the performance of numerous punctures with the lancet upon the inflamed skin. With respect to the application of leeches to the inflamed skin in erysipelas, I may observe that the ordinary notion of danger, from the bites being likely to add to the inflammation, is totally incorrect. It is true, in particular individuals, leech bites will cause an affection of the skin that is commonly called erysipelas—that is, they will produce swelling, redness, and a state somewhat approaching to that of erysipelas; but when the leeches are applied to an erysipelatous skin, they do not produce any effect of this kind. The abstraction of blood from the vessels of the skin which are in a turgid state, is a direct and

very advantageous mode of relieving the affection; and having seen leeches applied in great numbers, over and over again, to an erysipelatous skin, I can assure you there is no ground for apprehending ill consequences from them.

After the antiphlogistic treatment has been actively used, and in cases where we see the patient at a protracted period of the complaint, when the active inflammatory symptoms have been put a stop to, we often find him in such a state that antiphlogistic means would be totally out of the question. We find him with a small feeble pulse, a great sensation of weakness, and in a state that we should describe as one of obvious debility: of course you would not think of taking blood, or employing lowering means, under such circumstances. In this state, you will find it advantageous to employ tonics, or stimulating remedies, and a diet of a corresponding kind.—Now, in cases where we are in doubt whether we should employ either mild antiphlogistic measures or those of a different kind, I think we may safely exhibit the subcarbonate of ammonia, which is a remedy that some persons rely exclusively upon, in the treatment of erysipelas, and even employ it throughout the whole of the affection. It may be administered in doses of from five to ten grains, in any liquid vehicle, once in three, four, five, or six hours; and you will find it a remedy that may be safely employed in these doubtful cases.—Where the indication is very obvious for the employment of tonic medicines, we should exhibit bark, either in substance or decoction; or, what is still more eligible, the modern form of sulphate of quinine, in which the bulk is less and the tonic powers equally efficacious. In conjunction with these means we of course allow a better diet. Under such circumstances, we frequently find it advantageous to combine the employment of direct stimuli, such as wine or porter, with the medicines that I have mentioned. But I should say, that wine must be cautiously used in cases of erysipelas. We are only to administer it in instances where the circulation is very feeble, and where the symptoms of debility are very strongly marked; and even then you should only give it just at the time that those symptoms exist, and not continue its use after they disappear. Because you find it necessary to administer wine, we are not to go on giving it day after day; but when the purpose is answered of producing temporary stimuli to arouse the system, and when the end is answered, then we must leave it off. I think it necessary to be exceedingly cautious in the use of wine in the cases of young persons who are affected with erysipelas. I have hardly seen any instance where persons under the age of puberty would bear the employment of wine under such circumstances.—With respect to the local treatment, it has been generally acknowledged that this has less power in erysipelas than the general measures that I have had occasion to advert to. In the early period of the affection, before vesication shall have taken place—that is, before the complaint has been fully developed—I think you will find that cold applications (as saturnine or spirituous lotions) are the best. But when the inflammation is fully formed, particularly when vesication has taken place, you will, I think, usually find that warm applications, in the shape of fomentations, are more advantageous. But in order to derive the full benefit these are capable of affording, the fomentation must be employed more constantly than is generally done: it is not sufficient for the parts to be fomented for ten or fifteen minutes, three or four times a day, but the fomentations should be kept constantly applied. You should have a person to attend the patient, and continue a regular succession of warm cloths or flannels to the part; and in this way very great comfort is produced. When vesication has occurred, and encrustation has taken place, it will be necessary to employ some kind of unctuous application to the part; or it may be necessary to apply a simple poultice of bread and water. In the treatment of erysipelas, especially when it occurs in the face, some have recommended the application of flour to the surface, which, I suppose, is tantamount to the confession that local applications are of no use at all; for I cannot suppose that sprinkling a little flour on an inflamed

skin can have any virtue or influence in removing the disturbance of the part.

PHLEGMONOUS ERYSIPELAS—TREATMENT BY INCISION—URTICARIA—HERPES.

The expression *phlegmonous erysipelas* is employed in two senses: it is used to denote either the more acute cases of common erysipelas, that is, those in which the general and local symptoms are highly inflammatory, and in this way the term is used by Cullen; or to denote those cases in which the skin and the cellular membrane are both inflamed together. These latter cases are sometimes described under the denomination of *diffused inflammation of the cellular texture*. It is in this sense that I employ the term, considering it to denote the inflammation at one and the same time of the skin and of the cellular membrane. Now the skin and the cellular membrane are so intimately connected with each other, that we are not at any loss to account for their being inflamed together; in fact, we might rather expect, from observing their close connexion, that they would always suffer together. We find, however, that the skin may be inflamed separately, and that is the case that I have already described to you under the name of *simple erysipelas*. In this case, however, when the inflammation is active, the cellular membrane participates in some degree with the tumefaction that belongs to the skin;—the erysipelas gives rise to a serous effusion into the cellular texture under the skin, and we find that this tumefaction is more considerable in those situations where the cellular texture is more abundant, being particularly marked about the eyelids. The cellular texture may be the seat of inflammation alone, more especially the deeper seated cellular structure of the limb; but when this becomes actively inflamed, the skin sooner or later participates in the affection.—The affection is termed *phlegmonous* when it is limited to a small part of the cellular membrane, and it is called *diffused* when it occupies a considerable part of the same membrane. Now, in many instances, we find inflammation affecting at one and the same time both the skin and the cellular structure; or we find that the inflammation beginning in the skin, soon extends to the cellular membrane also; or that the inflammation beginning in the cellular membrane, soon spreads to the skin; and whether the inflammation arise in both parts at the same time, or whether it arise in one, and spread to the other, in either case the term *phlegmonous erysipelas* is applied to it; that compound epithet denoting, that the skin and the cellular membrane are both of them in a state of inflammation. Erysipelas being the appropriate term for inflammation of the skin, and phlegmon being the old term applied to inflammation of the cellular membrane, the name is, therefore, very proper, and denotes a case in which the skin and the cellular membrane are both involved.—In its general character, phlegmonous erysipelas resembles simple erysipelas, that is, the inflammation occupies a considerable surface; it spreads with great facility; there is no disposition to limitation; on the contrary, it extends to the neighbouring parts, and soon occupies a considerable extent of the surface, or the entire limb in which it has been developed.—The swelling in the case of phlegmonous erysipelas is firm and resisting, instead of being soft and pitting as it is in common erysipelas. The skin which is the seat of the affection, is of a bright red colour, tense, and shining; sometimes it is of a bright scarlet tint, sometimes it is of a deeper colour, or even of a somewhat livid hue. But it is the firmness of the swelling—it is the resistance which it affords when you examine it—it is the want of the pitting or softness which belongs to common erysipelas, that particularly distinguishes this form of the disease. There is severe pain, of a burning kind, attending the affection. This is experienced in the early stage of the disease, and it soon becomes very considerable. We shall find, perhaps, in the first instance, when we see a case of this kind, that the redness and swelling may occupy a space as large as the hand; in twenty-four hours there may be double that extent inflamed, and within a short time the whole of the limb may be occupied by

these appearances. The cellular membrane, however, very speedily passes into a state of suppuration and sloughing, and in proportion as the inflammation is extending in circumference, the changes that I have just mentioned are proceeding in the situation in which the disease has been first developed. Suppuration, when it occurs in the cellular membrane, like the inflammation itself, is of a different character from what it was in phlegmon. You have not here the deposition of matter in one collection forming an abscess; on the contrary, it is disseminated throughout the cells of the affected structure. You find, in the first place, that there is a serous effusion into the cellular texture, but when the affection proceeds further, the fluid assumes an opaque and purulent character; that it is a thin yellow purulent fluid, which is disseminated through the cellular texture, and which, when you make an incision, you can squeeze out of it. Generally, you do not find it deposited in a particular chamber, like abscess, but disseminated in the cells of the inflamed membrane.—In conjunction with this disseminated or diffused suppuration, you sometimes find a deposition of thick and well-formed matter in particular spots of the adipose membrane, so that when the part is divided, portions having this character come out at certain points. You find sometimes that such formations of matter take place in small sinuses or tracts, burrowing to a considerable extent in the adipose membrane. In conjunction with this, you will generally find that portions of the cellular membrane turn of a yellow colour,—which portions have lost their vitality; in fact, they have sloughed, and will subsequently be separated. Now these changes you will find particularly to have taken place in that part of the cellular membrane which connects the adipose substance to the fascia, or to the muscles of the limb. The alterations that I now speak of, are not so frequently observed in the stratum of adipose membrane that lies immediately under the skin; but it is the affection which more particularly attacks the cellular membrane—that part of this texture which does not contain the fat—the part which lies under the adipose stratum.—In proportion as the affection advances, you find that the external feeling of the part becomes considerably altered. There is no longer the tense and firm swelling which distinguished the affection in its inflammatory stage; but although the part has now a soft feel, yet you cannot say that you can distinguish actual fluctuation, for there is no matter collected into a particular spot but there is a softness, showing very clearly that the part is unsound; and this peculiar sensation, or rather the alteration which produces the sensation, occupies a considerable portion of the surface. After a time, the skin becomes a little prominent at some point; the projection ulcerates, and gives way, and thus the matter that is formed in the cellular membrane is partially discharged. But the opening which is thus made, affords an insufficient exit for the suppuration. A part only of the matter that is formed in the cellular membrane exudes through an aperture of this kind, and the sloughs of the cellular membrane are only partially evacuated by such openings. As the affection advances, however, these openings become more considerable; the collections of matter get rather a freer issue, and the sloughs which have been formed, become loose and detached, and may be drawn out. These sloughs are often considerable in size and number; indeed, when inflammation has been active, and has occupied the whole of the limb, you will find that nearly the entire membrane connecting the adipose tissue to the fascia or muscle perishes. Thus you may draw out through the opening that has taken place in the way I have described, loose detached shreds of cellular membrane, like pieces of wetted tow, several inches in length, and soaked in pus.—When this process of sloughing has extended considerably under the skin, the vessels which pass from the deeper seated parts to the surface become separated; and thus the vascular supply of the skin becomes interrupted. Thus it will happen that portions of skin being undermined and detached in this way, lose their vitality, and a sloughing of the skin will

take place, not as the immediate consequence of a violent inflammation, but by a secondary kind of mortification—perishing from the interruption of the vascular supply which they should derive from the parts underneath. In cases of extensive phlegmonous erysipelas, the integuments of an entire portion of the limb, as the leg or thigh, may be completely detached and separated from the subjacent fascia and muscles. Thus there may be an extensive kind of abscess, if we may use the term, between the skin and the subjacent parts.—You will naturally expect that a serious local affection of this kind should be accompanied with corresponding general symptoms. In the first place, you usually find that there are symptoms of active disturbance of the vascular system;—an accelerated and full pulse, heat of skin, a white tongue, thirst, loss of appetite, and so forth. In some instances, the disorder of the digestive organs is more marked;—you do not find so much disturbance of the circulating system, but the functions of the digestive organs suffer more particularly. In proportion as the inflammation with the consequent suppuration and sloughing become more considerable, so does the sympathetic influence of these local disturbances on the circulating and other systems also become augmented, while at the same time the general powers of the patient decline. Thus you have the pulse very rapid and very frequent, but feeble. You find the functions of the sensorium disturbed; the tongue becomes brown and dry; the stomach and digestive organs very much disordered; and in fact, the patient goes into a state of typhus, and it is in that way he perishes when he dies in the active stage of the inflammation. If, however, the patient has strength enough to struggle through this period of the affection, the extensive local suppuration brings on a state of hectic and diarrhoea, which generally concludes the scene.

The CAUSES of this affection are generally, if not universally, severe local irritation. In many instances, you find phlegmonous erysipelas immediately produced by injuries, especially by such wounds as penetrate into the cellular membrane. It is a very common consequence of compound fractures. It occurs not unfrequently after wounds or injuries of the synovial membranes or bursæ mucosæ, such as those seated about the hand or about the patella. It sometimes occurs as a consequence of wounds from venesection; and sometimes in consequence of injuries that are received in dissection. Phlegmonous erysipelas not unfrequently supervenes in cases of ulcers of the leg, especially if these have been neglected, and where patients continue to exert themselves, and to use the limb imprudently.—You will naturally conclude, that the effects of these causes will be more considerable when they occur in individuals who are of plethoric habit—who are free livers, and who are addicted to habits of intemperance; those who imprudently exert themselves, and who neglect those attentions which their condition, when such phlegmonous erysipelas supervenes would naturally demand.

In the TREATMENT of these affections, when you consider the serious local inflammatory symptoms, and the general disturbance of the same character which belongs to them, you would suppose that active antiphlogistic treatment would be required. We find, however, that inflammation of the cellular membrane cannot be so immediately controlled by antiphlogistic treatment, as inflammation of various other textures of the body. In strong persons, in young and robust subjects, and in the very commencement of the affection, you may sometimes find it advisable to take blood generally, not so much with a view of arresting the affection in that very early stage, as in order to prevent its development more extensively. However, if the inflammation is already firmly established, we should endeavour to accomplish this object by the local loss of blood through the free application of leeches to the part, while we encourage the bleeding by warm fomentations. When, however, the disease is fully established, we shall find that we do not succeed in putting a stop to it, either by the general loss of blood, or by its free local abstraction by means of leeches. You may

employ either of these treatments pretty actively, but you usually find that it does not prevent the progress of the complaint; it not only does not remove the inflammation from the parts in which it has already taken place, but even does not prevent its extending to fresh parts. Under such circumstances we shall find that the most effectual treatment consists in the practice of making an incision through the inflamed textures—a free division of the inflamed skin and cellular membrane; and we shall find that in instances where we have failed to arrest the affection, either by general bleeding or the application of leeches, the mode of treatment that I now allude to will at once and effectually stop it. The plan of making incisions to the inflamed parts has been pretty extensively employed in this country. I have adopted this practice freely; I have employed it in a great number of instances, and can speak strongly as to its beneficial effects. But I have not found it necessary to employ the multiplicity of incisions which has been recommended. You will commonly find it sufficient to make a single incision and carry it through the middle of the inflamed part, along the whole length of the inflammation, through the skin and integuments; and that one such cut will answer all the useful purposes described as being produced by more numerous incisions. If the leg were the seat of this affection—the posterior and inner part of the leg, for example—you might commence the incision at the knee, and carry it through the middle of the inflamed part to the ankle, or as low as the inflammation extended, dividing the skin and the whole depth of the cellular membrane down to the fascia. It is not necessary to go deeper than that. This incision is to be accomplished by means of the ordinary sharp-pointed double-edged bistoury. You take it between the finger and thumb, allowing as much of the instrument to project as will make the necessary incision, and then just carry it gradually along. If you have not divided the whole depth of the inflamed cellular membrane, which is the seat of inflammation, you can, with the same instrument, easily cut through the remaining parts where any portion of your incision may be defective.—The immediate effect of this incision is a very copious discharge of blood from the vessels of the inflamed part; and the loss of blood in this way is the most effectual mode that can be employed, because it comes immediately from the vessels that are the seat of inflammation. You find the arteries and veins of the limb thus divided bleed very freely, so that twenty, thirty, or even sometimes forty ounces of blood, will flow from an incision of this kind in as short a time as you could get it from a large opening in a vein of the arm; you will indeed be surprised at the short time in which a large quantity of blood actually flows from an incision of this kind. You find the blood running freely in a large stream out of the subcutaneous veins you have divided; and a great number of arteries pumping out the blood in jets by numerous orifices. By the mode in which the blood is thus discharged, you can account for the manner in which such a large quantity of it is lost. The effect of this is not simply to lessen the degree of inflammation, but to take off the tension of the part also; so that you find, by the time the flow of blood has ceased, that the part which before was of a bright shining red, becomes of the natural paleness of the skin; and the part that before was tense and shining, becomes wrinkled, giving the most satisfactory proof that the tension is at an end; and the patient obtains the most decided relief—a fact that I have verified by repeated observation.—Now this free loss of blood is a circumstance calculated to put you on your guard in adopting this treatment. You may find that the patient loses rather more than you may like—he might lose more than he could bear, and it might consequently cost him his life. You must, therefore, watch the patient—you must not quit him; or, at all events, you must leave him with someone to take care that the loss of blood does not go beyond a safe point. If the blood is running out freely, and the pulse is sinking, you must adopt means to stop the hæmorrhage forthwith. You can do this sometimes by elevating the limb, and retaining it in that position; or by pressure on the part out of which the blood flows; or some-

times you find it necessary to take up one or two of the bleeding vessels, and in that way you generally arrest the hæmorrhage, if it be troublesome.—The plan of incision in phlegmonous erysipelas may be adopted at all periods of the complaint. If you employ it before suppuration and sloughing have taken place, you will prevent the occurrence of those changes; if you employ it after they have commenced, you will prevent the extension of the inflammation, and thus will limit the extent of the suppuration and sloughing. I have always seen, where this plan has been put in practice effectually, that the inflammation has been decidedly stopped; and I have not found any fresh parts affected after the incision has been made. At the same time the incision which you thus make affords the freest discharge for the matter that is formed in the cellular membrane, and for the sloughs when they have become detached. The small opening which takes place in the skin by the natural process of the disease, as I have already intimated, forms a very insufficient outlet; but the free aperture you make by an incision of this kind, permits a much more effectual discharge. Even in the advanced period of the affection, when considerable sloughs have been formed and detached, when extensive suppurations have taken place, and when the integuments are all detached extensively from the subjacent parts, you will find that a free opening prevents the burrowing and lodgment of the matter, and by giving ready issue to the suppuration and the sloughs, greatly promotes the healing process.—When a case of this kind has been allowed to follow its natural progress—when very considerable portions of the cellular membrane of the limb have been lost by sloughing and suppuration, you will not wonder that after healing has occurred the parts become preternaturally connected together—that considerable rigidity occurs, so that the motions of the joints in that part of the limb which is the seat of the inflammation become considerably impaired. These are common consequences, which take place even if the patient recover, and afford a powerful reason for adopting any means which are calculated to limit the progress and check the advance of this serious affection, independently of the danger to the life of the patient, which belongs to the disease when it is allowed to go on unchecked. After the incision has been made in the way that I have mentioned, you will in general find it sufficient to employ simple dressings. A common poultice applied to the part, and a simple dressing afterwards, will be sufficient for the purpose in most cases. If the process of granulation does not seem to go on actively enough, you may dress the wound with yellow basilicon ointment, applying it under the poultice. You will find that the incisions which are made in this way heal very rapidly and very regularly, when the inflammation has been relieved, which it usually is by this treatment. Some persons have conceived that in the state of inflammation which occurs in phlegmonous erysipelas, the infliction of such an incision would of itself materially aggravate the local mischief—it has been considered that this irritation might occasion ulceration of an intractable kind; but, on the contrary, we find the processes of granulation and restoration generally go on with great activity and with great rapidity in these cases.

With respect to the general treatment of this disease, I need not add anything to what I have had occasion to point out to you in speaking of simple erysipelas. In the active stage you must, of course, use means calculated to lessen the inflammation. If the patient become weakened and exhausted in the subsequent stages of the affection, you must employ measures of a different kind.—I remember an instance of a poor woman being brought to this hospital with a very serious affection of the lower extremities of the nature that I have above alluded to, in which the treatment that I have mentioned was attended with the most marked and beneficial results. This was a woman who had been previously in the hospital with a sore leg—an ulcer situated near the ankle: she had gone out with the sore nearly healed, but was obliged to exert herself considerably in order to gain her livelihood; thus a state of inflammation had arisen in the ulceration, and this

had in a short time produced phlegmonous erysipelas affecting the whole of the leg and thigh, and she was brought to the hospital in that state, being then in the seventh month of pregnancy. When I saw her in the evening (for she was brought in late) the condition of the leg and thigh was really quite frightful; the limb was enormously swollen—the swelling extending over both the leg and thigh; the leg from the lower part near the ankle up to the knee was of a bright red colour, with a firm swelling and vesications—the whole of the skin was in a state of vesication; the foot and ankle enlarged by cedematous tumefaction; the thigh at least twice the size of the limb, and of a bright red, extending along the inner side towards the groin. The rest of the limb was cedematous, and I do not know that I ever saw a case where the appearances were more unfavourable—the inflammation seemed so violent and extensive. She was so reduced when she was brought to the hospital, it being the winter time, that it was found necessary, from the low state of her pulse, to give her a little wine and water. She had taken a little of this, and had somewhat recovered when I saw her. Viewing the very serious nature of the local disease, and considering her state of pregnancy, I really thought it highly probable, that whatever treatment was adopted, the case would terminate unfavourably, and I mentioned my suspicions to the gentlemen present. However, I determined on giving her a chance, by adopting the plan that I have just recommended—that of incision. I accordingly made a cut, extending from the ham down to the inner ankle, through the skin and cellular membrane, carrying it along the middle of the inflamed part. The inflammation in this case also extended, though in a less degree, above the knee towards the groin; but I did not like to cut exactly the whole length from the groin to the ankle, and I was therefore satisfied with making an incision along the whole of the lower part of the limb. She lost twenty ounces of blood from this incision, and she then took a large dose of Dover's powder. She was immediately relieved by the loss of blood, passed a very tranquil comfortable night, sleeping a good deal, and was greatly better next day. I need not repeat the history of the case minutely, for it is enough to say, that although she remained perhaps two, three, or four weeks in the hospital, she continued to go on favourably; and from this time no bad symptom occurred—the pain never came on again. I believe some small formation of matter took place at the lower part of the thigh—that is, higher up than where the incision was commenced; but with the exception of this the case went on as favourably as it could do. Although the incision did not occupy the whole of the inflamed part, it seemed to put a stop to the inflammatory process, which never extended after the incision was made. It was attended with a diminution of the redness of the surrounding parts, and of the tension of the integuments, which clearly showed that the inflammatory affection was arrested; and, in fact, nothing could be more favourable than the progress of the case after the incision that I have mentioned to you had been made.

SPIRIT OF THE MEDICAL PRESS.

ON THE UTERINE VAGITUS OF THE FÆTUS. DR. MARINUS, in a memoir read before the Society of Medical and Physical Sciences at Brussels, has collected together the particulars of a good many cases, in which this occurrence of the infant having been heard to cry before birth has been met with. The following are the circumstances in which this rare phenomenon has been noticed. 1. When the head of the child, the membranes having already burst and the os uteri being well dilated, rests at the inlet of the pelvis, or has descended more or less completely into its cavity, whether it be the face, occiput, or side of the head that presents. 2. When the head is already in the vagina, engaged at the vulva, or fairly protruded beyond it, while the rest of the child is still

within the cavity of the uterus. 3. When, in cases of presentation of the feet, knees, or hips, the head remains engaged in the vagina, the body and limbs being already born. The phenomenon of uterine *vagitus* being once admitted, we are necessarily led to admit that the child can, under certain circumstances, breathe in the uterus. The act of respiration may therefore precede birth; and the child, which has thus breathed, may then die before it is born. If such may be the case, a powerful argument may be drawn against the conclusions of pulmonary *docimasia*, as it has been called, or the phenomena exhibited by the lungs in cases of suspected infanticide. The objection, however, must not be urged too far; as it is quite true that uterine *vagitus* is a very rare occurrence. The mere possibility, however, of its taking place, justifies and exacts extreme caution in all our decisions, whenever the character and life of a fellow-being are involved.—Dr. Lados (*Annales de la Société de Médecine de Gand*, 1837,) has related a case, where the *vagitus* was distinctly heard, but the child was born dead: on dissection, the whole of the right lung, and the upper lobe of the left one, were found to be dilated with air, the lower lobe of the left lung being still impervious to it.—The circumstance, therefore, of part only of the lungs being found dilated with air, may possibly be a presumptive post-mortem appearance in favour of intra-uterine respiration having taken place. This opinion will have more weight in any case, if it can be proved that the membranes had been ruptured for a length of time before delivery, and if any manual efforts to complete this had been made by the attendant.—There is still, however, great uncertainty on the whole of this subject; and, as there is a great lack of well-observed and well-authenticated cases on record, we cannot too urgently recommend our medical brethren to examine necroscopically all cases where the intra-uterine *vagitus* had been heard, and especially those where the children are born dead afterwards.—*Gazette Medicale.—Med. Chi. Rev.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 18th April, 1840:—

Epidemic, endemic, and contagious diseases	138
Diseases of the brain, nerves, and senses	166
Diseases of the lungs, and other organs of respiration	289
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	55
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c. .	6
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	1
Diseases of uncertain seat	97
Old age, or natural decay	68
Violent deaths	32
Causes not specified	3

Deaths from all causes

885

The students in the Midwifery Class of the Royal Belfast Institution, have presented to Dr. Little, their professor, a silver case containing a number of lancets, as a testimonial of the admiration in which they hold his talents. It was accompanied by an address, to which Dr. Little has returned a suitable reply.

TO CORRESPONDENTS.

ASSISTANT-SURGEON.—By the Report of the Commission, the following is proposed to be established as the scale of rank, pay, and half-pay for the Naval Medical Officers, viz. :—

	Full Pay per diem.	Half Pay per diem.
Inspector of Hospitals and Fleets . . .	£1 11 6	0 15 0
After 10 years' service as such . . .	2 2 0	1 1 0
Deputy-Inspector of Hospitals and Fleets . . .	1 2 0	0 15 0
(With such further allowance, when employed in Hospitals on shore, as the Board of Admiralty may think proper.)		
Surgeon . . .	0 11 0	0 5 0
Above 6 years' full-pay service, including service as Assistant-Surgeon . . .	0 12 0	0 6 0
Above 10 years' do. . .	0 14 0	0 7 0
Above 15 years' do. . .	0 14 0	0 8 0
Above 20 years' do. . .	0 18 0	0 10 0
Above 25 years' do., with leave to retire . . .	0 18 0	0 13 0
Above 30 years' do. . .	0 18 0	0 15 0
Assistant-Surgeon . . .	0 7 0	0 2 0
Above 3 years' full-pay service . . .	0 7 6	0 3 0
If serving in small vessels, under 10 years' full-pay service . . .	0 8 0	—
Above 10 years' full-pay service . . .	0 9 0	0 4 6
If serving in small vessels . . .	0 10 6	—
Above 20 years' full-pay service . . .	—	0 5 0

H.—Our Publisher consents.

G. R., LAUNCESTON.—Decidedly; for instance those by Mr. Dermott, who is one of the remaining disciples of Joshua Brookes, and whose lectures are recognised by all the Medical Boards.

ALPHA.—We will gladly furnish our numerous readers with full particulars of the trial of the Apothecaries' Company versus Greenough, Chemist and Druggist, of St. Helen's, when the cause has been finally settled.

MR. CULLEN.—We are always most happy to oblige our supporters. Upon inquiring at Cadell's, "whether the second volume of Thomson's Life of the late Dr. Cullen, of Edinburgh, had yet appeared, the first of which was printed by Mr. Cadell in 1832," we were informed "the work was Blackwood's property, and the second volume never likely to be published."

A. B.—We perceive the patriotic founders are about to celebrate the commencement of their grave-yard job, by a junketting at the Freemason's Tavern. This is another of their plans for raising the wind.

MR. PEFLOW.—Printing a large number, it is impossible at all times to avoid such mischances, but our publisher will always exchange a copy which is deficient in any way.

DR. FRANZ in our next.

A STRANGER may get the information upon application at the apartments of the University of London, Somerset House, Strand. The examination is more extensive than at the College of Surgeons, but members of the College and students of four years' standing, are not, we believe, examined in classics.

MR. WELTON, WOODBRIDGE, in drawing our attention to an advertisement in the 'Times' of the 22nd April, headed "The Great Herbert Mayo," in which the name of that distinguished surgeon is used surreptitiously to puff off a quack ointment, remarks—"It is a great and crying evil, and a great degradation to the Medical Profession, that such practices should be pursued apparently with the sanction of the heads of our profession. Mr. Mayo ought not to allow his name to be used with impunity, alike degrading to himself and to the honour of the profession of which he is an ornament." We cheerfully echo the sentiments of our correspondent, but must remind him, that the wretched state of the law gives Mr. Mayo no help or assistance to abate the nuisance. The names of the most eminent in the profession, from Sir Astley downwards, have been dragged through the mire in the same way. Does not medical law require reformation?

MEDICULUS.—Yes, the lectures are good, and the fees are low. It depends entirely upon the pupil whether he passes his examination or not. The Dispensary is recognised by the Hall, but not by the College.

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THE MEDICAL TIMES.

BATTLE OF MEDICAL REFORM.

WHEN the profession and the public manifested a disposition to take into their own hands the trust which had so long and fruitlessly been reposed in those most disinterested of M.P.'s, Messrs. WAKLEY and WARBURTON, another delay was obtained under the promise of great things to be done "after Easter." They have thus far triumphed in the postponement of a measure in which all classes of the community are equally and deeply interested. Easter has gone by, and the self-elected champions of Medical Reform have succeeded in their darling project of postponing the question "till after Easter," and Medical Reformers look round and find themselves in a position in which former Sessions have frequently found them—"after Easter"—that is, with half the session gone, and the remainder of it literally choked with business which other equally prompt and energetic politicians have also staved off till "after Easter." The petitions during the last three months, however, have far exceeded in number and urgency those presented in former years; this is so far cheering, inasmuch as it affords the best possible evidence that the medical public are uniting in their endeavours to elevate the morale of the profession, by asking and obtaining for it that consideration and position, to which its honourable and useful character entitles it—and that protection against empirics which public safety and professional skill alike so urgently demand. To prevent further postponement—to remove the probability that another session may again echo the sickening sounds of "after Easter," it is requisite that Messrs. Warburton and Wakley be kept to the collar, and that petitions be still poured into the Houses of Parliament, demanding the requisite changes. Much good may also be done by showing, on all possible occasions, that

Medical Reform is not a party question—that Whig and Tory, Radical and Chartist, are alike interested in its speedy settlement. The Tory press should be advised of this, and Tory members be asked to support a measure that is to afford to every hearth in the kingdom the full benefit of advanced medical science, and of improved medical skill. Their attention should be drawn to the authenticated and plain statement of the case contained in the Report of a valuable local body banded together to advance the good cause. "A statement was made to Lord John Russell, when Home Secretary, by the Council of the British Medical Association, to the effect, that out of the 1,830 practitioners employed under the Poor Law Amendment Act, 327 had not been examined in surgery, 323 had not been examined in medicine, and 233 had not been examined at all! In a memorial lately presented to the Secretary of State, by the Medical Association of Ireland, it is affirmed that "some of the dispensaries of Ireland, which are supported at very considerable expense to the country, are intrusted to persons who have received little or no medical education." The same document contains the following passage:—"The services of Medicine are required in both the civil and criminal judicature; but, singular and barbarous as it may appear, it is no less true, that neither the written statutes, nor the opinions of the judges, define who are to be recognised as the administrators of those services; and while the letter of the law is apparently complied with, by the reception of the evidence of any man who chooses to assume the medical character, its spirit is frequently evaded by the attribution of that character to persons altogether destitute of any right, nominal or legal, to its possession. Coroners and other magistrates can, and do, commit accused persons to gaol, solely on the testimony of witnesses whom those officers may choose to consider medical; juries pronounce capital convictions, and decide questions of inheritance, upon similar grounds; and inoffensive members of society are torn from their homes, and incarcerated in lunatic asylums, upon the certificate of any one who chooses to call himself a member of the Medical Profession. * * * A state of medical polity so feeble as ours, will easily account for the unrestricted career of empiricism for which this kingdom has long been notorious. The unblushing falsehoods continually put forth and promulgated through the medium of the press, in support of a system whose injurious and fatal tendency cannot be doubted, are disgraceful to a civilized country; and, strange to say, instead of any legal cognizance being taken of its enormities, they may be said to receive a tacit encouragement from the Legislature, a portion of the public revenue being made to arise from the sale of nostrums and 'universal medicines!'" These are plain and unmistakable facts in which no party question is involved. It is rather one in which the interests of humanity claim their rightful attention at the hands of those who have the power to vindicate her cause.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Bulletin de la Société Anatomique, No. 1.—
Bulletin Chirurgical de Langier, No. 9.—
Gazette Medicale.

BRIGHT'S DISEASE OF THE KIDNEY.—
DEATH FROM CEREBRAL SYMPTOMS.—Two kidneys strikingly affected by the granulations described by Dr. Bright, were presented to the Anatomical Society at its last meeting by M. Becquerel. The yellow streaks forming sinusous lines were distributed over the whole surface, the intervals being generally colourless. An incision through the convex surface of the kidney, by which its interior was laid bare to its pelvis, showed the diseased appearance throughout. These lesions, which characterize the fourth form of Rayer's classification, bespeak an advanced stage of the disease, yet the patient was only incommoded, or laid up for eighteen days. The patient entered the hospital for a slight *bronchitis*, and scarcely perceptible *œdema*. The presence of albumine, and the diminution of urea and the urinous salts, were ascertained on the tenth day. The *œdema* disappeared, but the *bronchitis* persisted, coma supervened, and the patient rapidly sunk on the fifteenth day. On dissection, independently of the renal disease above mentioned, were found redness and mucosities upon the inner surface of the bronchiæ, but no alteration in the other organs. M. Becquerel remarked, that this mode of termination in albuminous nephritis, has been noted in a work of M. Rayer, now in course of publication.

EXTENSIVE BURN—PERITONEAL INFLAMMATION, AND COLLIQUATIVE DIARRHŒA.—
DEATH IN THE THIRTEENTH MONTH.—An epileptic girl at the Saltpetriere, having fallen into the fire, was extensively burned in the abdomen and thighs. This was accompanied by acute peritoneal inflammation, which became chronic, and was complicated with colliquative diarrhœa.—The abdominal cavity was studded with round bodies, placed beneath the peritoneum, by which they were enveloped. They were smooth, elastic, fibrous, and containing vessels and partitions within. Many of them were calcareous, and others were filled with tuberculous matter. The most voluminous, about the size of a nut, were situated at the external surface of the uterus. Although the hymen of this girl was entire, the os tincæ was black, and thought to be ulcerated. The epileptic attacks were diminished in a remarkable degree by the new disease.

COMPLETE HEMIPLEGIA ON THE RIGHT SIDE.—EFFUSION OF BLOOD IN THE LEFT ANNULAR PROTUBERANCE.—The patient, sixty-five years of age, was paralyzed fifteen days. The respiration was not affected, but her speech was impaired. She was delirious at intervals. The blood found in the annular protuberance did not exceed the size of a large almond, and was limited to the left side and the superficial layer. A small quantity of the blood had exuded, and taking the course of the *crus cerebri*, had found its way into the right ventricle, the side opposed to the sanguineous deposit in the protuberance.

Want of space compels us to break off here, but we shall continue the notices in our next.

PORTRAIT OF MR. LAWRENCE.—An admirable likeness of this accomplished Surgeon reached us too late to allow, this week, of the lengthened notice it deserves.

An elegant silver vase has been presented to George Combe, the phrenologist, by his friends and disciples residing in New York: its value is estimated at 500 dollars.

THE CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.CHAPTER X.—HOW MR. HUGGLES WENT UP TO
THE "HALL," AND HOW HE GOT ON THERE.

ABOUT a fortnight after the events of the last chapter, Mr. Huggles came one day to the school, and found a letter which the postman had left for him to the care of the porter, the contents of which were as follows:—

"My dear John,—I have just heard that Mr. Whizzle is going to resign his situation of surgeon to our Union, because he has heard of something more likely to answer his views in London. Now, I am very anxious that you should try for it, and I think you will have a very good chance of success, because the votes of the guardians are all you want, and several of them owe me money, so that I can command their services. I therefore have to request that you will go up for your examination as soon as you can possibly get the necessary certificates, for we have only a month to make up our minds, and I hear young Newport is trying very hard, under the rose. Your mother sends her love, and hopes you keep a correct account of what you send to the wash, and is glad the shirts and handkerchiefs met with your approbation. Old Peggy gets a little groggy upon her fore-legs, so I have had her blistered and turned out until you come home, because if you are fortunate to procure the appointment you will want a horse. The salary itself is not much, but it may lead to other things, and if you get a good name for midwifery among the old women, it will be of service to you. Believe me, your affectionate father,

"JOHN HUGGLES."

"Crawdean, Thursday night."

"Phew!" whistled Mr. Huggles, as he finished reading the letter; "here's a pretty go!"

"What's the matter now?" asked Swubs, who was loitering about the passage.

"Why, matter enough; I've got to go up in a fortnight."

"You don't mean that!" said Swubs, quite aghast.

"By Jove it's a true bill. Won't I enter to Steggall to-night. Oh no! I should *rayther* think not;" and Mr. Huggles, to strengthen his affirmation, put his thumb very playfully to his nose, and took a sight at nothing.

"If I was you, Jack," remarked Swubs, "I wouldn't let a soul know I was going up, because if you're floored, nobody will be a bit the wiser."

"I don't care a d—n whether I pass or not," returned Huggles.

"Well, I only told you. They are getting deuced sharp there. There were six fellows sent back out of nine last week; and one was floored, after being in three hours and a half, because he could'n't tell how many cubic inches of air were contained in a quart castor-oil bottle."

"Well, and how many are there?" was of course the natural question of Huggles. "I'm blessed if I know," returned Swubs, "but I should reckon as near as possible about two pints' worth."

"I don't know much about Botany," said Huggles.

"That's rather a nuisance. When Tom Knight passed, they used to bring the plants from the garden at Chelsea the night before, and the man was always game to show them at a public-house for half-a-crown. The old boys found that out though, and so they've stopped it now. Are you coming to demonstration?"

"No, I'm off to Bloomsbury-square;" and

accordingly Mr. Huggles left the hospital, and bent his steps in that direction.

I do not know what Mr. Huggles learnt all the time he was grinding, and I suppose it would be no very great matter of entertainment to retail it, if I did. I only recollect that he got very thin and miserable looking;—drank no beer, attended no lectures, and was always boring everybody with questions about tests for arsenic, and chemical equivalents; which last things appear to be of uncommon use to general practitioners in the country, and especially surgeons to Unions. He had passed his Latin some months before, and sold his inter-linear cribs to Okes, who bought them for half-a-crown the two, Celsus and Gregory. These books had circulated all over the school. Everybody sold them as soon as they had passed for the same sum, and the mass of annotations, dog's-ears, and cariacatures that the margins of the leaves displayed, was wonderful.

As soon as Mr. Huggles had collected his certificates on his schedule, and procured his registrarial nativity and testimonial of good moral conduct, both of which Swubs wrote for him in the kindest manner imaginable, he went down to Union-street early one Friday morning, and put down his name for the Thursday following. Some of the professors, to be sure, who never recollected having seen him at their lectures, demurred a little about putting "very diligently" in his schedule, but wherever they omitted to place these words, Huggles very properly put them in himself, and so it was as broad as it was long in the end, and having got them registered and authenticated on the margin by Sayer's curious initial autograph, deposited them in his hands, and as a necessary consequence began to funk horribly from that instant.

The eventful Thursday came, and Mr. Huggles took off his rings, dressed himself in black, got his long hair cut, and at two o'clock left the hospital on his way to Union-street, accompanied by Swubs, Macarthy, Johnson, and Okes, who went with him to cheer him up. It was agreed they should have a chop at the Rainbow before they went in, and accordingly they entered that tavern and took possession of the odd-shaped table under the window at the end of the room, Huggles looking very amenorrheotic and nervous as he cut his bread into little pieces all over the table in the most hysterical manner possible. His dinner almost choked him, but he put the best appearance on his feelings that he could, only stopping between every mouthful to pull 'Steggall's Manual' out of his hat, and refer for information upon some point that just entered his head.

"Don't bother yourself, man, about all that now," said Mac; "it's ten to one that you'll have what you're reading about, and you'll only muddle yourself."

"Take some more melted butter over your mурphy," said Okes; "you'll choke yourself directly."

"Argent," cried Swubs, "bring five more stouts, and some cheese."

"I don't want any more," gasped Huggles.

"Nonsense. I tell you if you don't get a little drunk, you are sure to be plucked. Don't drink too much you know, to make you foolish, because that's as bad the other way."

The only answer was an indistinct sentence, in which the words "blow a bulb," "mercury," and "two hundred and twelve," were alone perceptible, from which it was inferred that visions appertaining to the formation of thermometers were floating through the mazy tracts of Mr. Huggles' cerebral developments, now almost filled to bursting with that wonderful heterogeneous mass of knowledge that medi-

cal students alone possess before they go up—a species of mental soda-water, the cork of which is cut at the Hall, previous to its total disappearance and evaporation a fortnight afterwards.

As dinner concluded, and the clock against the wall told the approach of the fatal hour, so did the anxiety of our friend increase. How composedly everybody around him was engaged at lunch! A gentleman came in and ordered a dinner at six o'clock. Where would he be at six o'clock? perhaps passed, perhaps —; it was horrible to think about! They left the tavern and hurried into Fleet-street. As they emerged from the quiet of the Rainbow to the bustle of that crowded thoroughfare, new sensations arose in his breast: all was life and activity. The passengers walked by with careless step; the omnibuses and coal-waggons lumbered over the pavement; printer's devils with their black bags rattled two bits of slate in their fingers, as they elbowed along the crowd, and all this in the presence of a man who was going up to the Hall! Huggles thought they could not know how he was situated, or they would show more sympathy. There were the very playbills for that evening hung out at the doors—the theatres were actually open! Powers of heaven! what strange apathy!

They crossed Bridge-street, and in two more minutes found themselves at the awful portals of Apothecaries' Hall. Two or three students were loitering on the steps, with their friends, previous to entering, and a few more who had seen their companions in, were drinking beer at the dram-shop opposite.

"Well, my brick," said Macarthy, shaking hands with Huggles, "you'll do, only don't funk too much. We shall be here to meet you when you come out."

"Good-bye, old fellow," added Okes; "keep your melt up, and humbug the old boys as much as you can."

"Here's luck, Huggy," cried Swubs, appearing at the door of the public-house with a pewter in his hand, the froth of which he blew into the road; "I'll bet you ten pots to one you muck 'em."

"I shall be jolly glad to pay if I do," said Huggles; and as the chimes of St. Bride's clock gave notice that St. Paul's was thinking about getting his own bells ready to strike four, Mr. Huggles entered the court. He lingered an instant on the threshold, as he waved his Steggall in farewell to his friends, and then collecting all his energies passed on.

"Where's your ticket?" said the man keeping the gate, who looked something between a rat-catcher and a Bow-street runner.

Mr. Huggles produced his card directly, with the most profound respect.

"All right—go on," returned the man, "cross the court and turn to the left, up the stairs."

Following his directions Huggles turned to the left and arrived at the foot of the stairs, the approaches to which were emblematically ornamented with huge hampers, empty carboys, and other lumber pertaining to the drug trade in general. He mounted the stairs, passing a female figure holding a gas jet, who looked so placidly calm as to be quite insulting, and then turning to the right, entered the apartment appropriated for the students to remain in both before and after their examination, unless they were floored, and then they might go away as soon as they pleased.

It was a long narrow room, so gloomy and woe-begone in its details, as to have made anybody melancholy, to say nothing of a man who was about to go up. One side looked into the courtyard, and the windows here situated had their panes covered with names, initials, and

inscriptions, together with pleasing records of when particular men had passed, scratched with a diamond, or cut on the window-sill. The opposite wall was covered entirely by a long dusty bookcase, locked, and guarded by rusty cagework, behind which were imprisoned many mouldy and dirty volumes on cramped and uninteresting subjects in medicine and surgery—dingy and antique to a degree that made you think what a pitch of solitary desperation a man must be reduced, to ever think of opening them. The fire-place was at the further extremity of the room, and, although there was no fire, a few of the men had huddled round it, and were busily engaged in questioning one another on subjects in chemistry and practice of physic. Others were walking in pairs up and down the room, and others again were sitting in mute despair in the window-seat, pinching their hands between their knees, or nervously and vacantly reading a conglomerated mass of notes on every subject they had ever read about, in the hope of detaining it all hot in their brain when they entered the Examination-room. There was a huge dark chest close to the door, with large handles as big as knockers, and some library steps resting against it, and these, with a table and some chairs, completed the appearance of the room—a fitting temple for the Genius of Fright and Despair to reign triumphant in.

There was no one there that Huggles knew, but a partnership in suspense soon established a sort of freemasonry amongst them. Although they were ordered to be there by four, nobody was called in until five, and then Sayer came with his list, and marshalled four of them after him into the great room, leaving the others all anxiety for their return, to know "what they had?" Huggles was sixth upon the roll, and therefore was pretty sure of not being wanted for about an hour, or perhaps more; he accordingly pulled out his book again, and was soon deeply immersed in the fermentations, and the distribution of the par vagum.

ROCKET.

(To be continued.)

ELECTION OF PHYSICIAN TO THE CORK DISPENSARY.—On Thursday the Governors and Subscribers to the Cork Dispensary met at the Institution, to elect a medical officer in the room of Dr. Finn resigned. The Mayor having opened the proceedings, Mr. G. C. Jeffreyes proposed Surgeon Townsend. Mr. Notter seconded the nomination. Sir A. Perrier proposed, and Mr. Beale seconded the nomination of Doctor Gregg. A long discussion ensued, as to whether Surgeon Townsend was eligible to fill the situation, there being a rule on the books that a *medical* degree was necessary. Eventually the poll was proceeded with, and at 3 o'clock, when it closed, the numbers were—

Doctor Gregg..... 47

Surgeon Townsend..... 79

Surgeon Townsend was declared elected. In consequence of the rule alluded to not being acted on, some gentlemen declared their intention of withdrawing their subscriptions.—*Cork Constitution*.

Mrs. Sarah Whippie, of Whitechurch, has presented 32 beds and the necessary furniture to the Bristol Infirmary, for two new wards.

Government has sent directions to the Local Crown Solicitor here, to prosecute certain medical students at the Louth Infirmary, on the alleged charge of having illegally practised anatomy.—*Cork Reporter*. What is meant by a prosecution for *practising anatomy*? Surely not that the pupils of an hospital or infirmary are to be prevented from pursuing their legitimate studies on the dead subject?

TWELVE DAYS' VISIT TO THE AMPHITHEATRE, HOSPITAL LA CHARITE.

[Continued from p. 57.]

OLD LUXATION OF THE HUMERUS REDUCED.—This arm had been dislocated five weeks only, but it is ranked among the old luxations. I remember to have seen Dupuytren reduce one of nine months standing, and the Professor on that occasion, as did M. Velpeau on the present, thought it necessary to discuss the question of danger which may exist from violent efforts of reduction. M. Flaubert, surgeon of the Hotel Dieu at Rouen, had then published some fatal results, in which he maintained that the roots of the brachial plexus may be torn up. Mr. Gibson of Philadelphia was unfortunate enough to lose two patients from rupture of the axillary artery, where the luxations had only existed eight and nine weeks respectively. Other fatal results of the same kind were witnessed in the practice of Delpech; and one death occurred about two years ago in a Paris hospital; the name of the surgeon was concealed by M. Velpeau, because that gentleman, from an anxiety to preserve his reputation, had caused the attending pupils to certify that the patient did not die from rupture of the artery. This man died, however, in the course of the day, but the cause is not known.—The arm of the patient under consideration has remained unreduced for five weeks, from the ignorance of a village doctor who treated the case as common contusion. Three weeks after the accident a second doctor was consulted, who declared that the arm was luxated. The first, nevertheless, refused to reverse his opinion, and it was not until the fifth week when, the doctors seeming disposed to renew the battle scene of Gil Blas and Sangrado, the patient determined on proceeding to the hospital.—When brought into the amphitheatre, the first thing that struck my eye, even at a distance, was the flatness of the deltoid muscle, and the projection of the acromion; and when the arm was lifted at right angles with the body, I perceived the biceps, instead of lying parallel, or nearly so, with the line between the acromion and the radius, taking a very oblique direction from the latter point to the axilla. This could only be occasioned by the displaced head of the humerus forcing the upper part of the muscle inwards towards the pectoral muscle. The points on which M. Velpeau decided in favour of luxation, were as follows:—The pain experienced on moving the arm, and the inability of the patient to raise it, could not arise from inflammation, for none existed, nor did he feel pain when the arm was quiescent. The acromion projected, especially when the edge of the deltoid muscle was pressed under it. The arm deviated from the axis of the body, whereby the elbow was kept at a distance; something like the head of the bone was felt very deep in the axilla, and apparently under the subscapular muscle; it moved with the rotation of the arm. On measuring the distance from the acromion to the condyle of the humerus, it was thought somewhat longer than the opposite side; but this sign, he remarked, was not constantly met with. The horizontal traction was determined to be the fittest for effecting the reduction in subscapular luxation. This was executed, and the head of the humerus started without difficulty into its socket.—A few months since I saw M. Velpeau reduce a luxated humerus with extreme facility, by making the traction obliquely upwards and outwards, which he considered to be the best means of counteracting that muscular contraction which impedes reduction when the head of the bone is seated under the pectoral muscle.

LUXATION OF ULNA.—FRACTURE ERRONEOUSLY SUSPECTED.—I note this case to show that the most eminent talents, and the most practised hands, may hesitate in diagnosing the most common accidents of hospital surgery, and that crepitation must not be considered an infallible sign of fracture.—The patient was a tailor, twenty-three years of age, a disciple of Bacchus, who, after his customary revellings, took it into his head to mount a charger, from which, tailor-like, he was speedily dislodged. He says he fell upon the elbow, but this might be proved to be impossible, and it is easy to conceive, from his known habits, that he was too much "moved by the spirit" to discern very clearly which way he fell. The arm was swelled and ecchymosed from the wrist to the shoulder. The man felt acute pain in the elbow, and could not raise his arm without assistance. That the ulna was dislocated at the elbow joint, was evident from the retrocession of the olecranon, with the power of depressing the tendinous expansion of the extensor muscles inserted into that process, and the projection of the condyloid surface of the humerus. On measuring the distance between the condyle and styloid process of the ulna, it was found to be two centimetres shorter than in the sound arm, as is usual in luxation, but the diagnostic was obscured by crepitation, which raised a suspicion of fracture in some part unknown. The most careful examination brought none to light, and the surgeon calculated on the possibility of the coracoid process being severed, which would have occasioned some difficulty in keeping the ulna in its place after its reduction. Happily the crepitation turned out to have produced a false alarm; extension was made in the usual way, the olecranon was pushed into its proper place, and there it remained.

FRACTURES.—DEXTRINED BANDAGE.—MODES OF MAKING DEXTRINE.—The fractured limbs in M. Velpeau's ward are invariably cased in the dextrined bandage, which I consider to be one of the greatest improvements of modern surgery. If I mistake not I must have seen it used in this hospital as far back as three years. It becomes on drying as hard and impenetrable as a deal board, and as it sits in close contact with every point of the limb, a fracture once properly set and encased within it, would require almost the force of a cannon-ball to sunder the divided portion. Ten weeks ago I accidentally dropped in at the chemical lecture of M. Payen, of the *Conservatoire des Arts et Metier*. The subject was dextrine, and he exhibited a man whose fractured leg of the preceding day had been dressed with the substance in question, and who came into the amphitheatre on crutches, without experiencing the least inconvenience from the depending posture of the limb. To me the spectacle was not new, but to some persons it may be important to learn that a man need not be confined to bed with a fractured leg or thigh. The native Arab and Egyptian surgeons have a similar practice, and it is not uncommon in those countries to see a trooper on horseback, the second or third day after a fracture in the thigh. M. Soutin, of Brussels, and Baron Larry of this city, have used the starch bandage on the same principle, with good results, but it falls infinitely short of dextrine.—What is dextrine? disaggregated starch. Starch consists of myriads of little bladders, some within others, and even the most minute of them contains dextrine, or in more homely parlance, gum. In the kingdom of Lilliput scalpels would be found of sufficient tenuity to lay open these membranous sacs and give issue to the imprisoned matter; but having no such advantage here, we are driven to chemical

agency for the same result. Mineral acids in minute portions, and a newly defined substance found in the germinated parts of seeds, called diastase, possess the property of dissolving the sac, and of extricating the gum, to which the name of dextrine is given, from its possessing the power of deviating a polar ray, *ad dextram*.—To make dextrine with all the economy that is required for commercial purposes, the mineral acids are to be preferred, because they require less water, and consequently less expense of time and fuel for evaporation; but where it is required for use in the liquid form, the diastase may be used.—Potatoe starch (from economical motives), or any other starch dried, is to be mixed with nitric acid of the density 1.4, in the proportion of 1 part of acid to 600 of the starch, and previously diluted with four times as much water as the starch. These are to be kept for several hours at a temperature of 80 degrees centigrade, which is finally increased with rapidity to 100 for about a quarter of an hour, and the process is complete. As it would exceed the limits of a communication of this kind to enter into more minute details on the subject, I will reserve further particulars for a separate article in a future number.

STRONG SOLUTION OF NITRATE OF SILVER IN OPHTHALMIA.—I remember the time when the surgeons of La Charité trembled to employ more than a grain of lunar caustic to an ounce of water, as an ophthalmic lotion, and were tempted to believe that English surgeons were too lavish in their eulogies of this remedy. M. Velpeau now employs three grains of the nitrate in an ounce of water, which is poured upon the conjunctiva, in purulent inflammations, and also in the keratitis or inflamed cornea.—In a Polish refugee, affected with blennorrhagic purulent ophthalmia, the nitrate to the eye is supported by the internal use of cubebs.—In a woman labouring under ulcerated cornea with iritis, the nitrate solution is poured into the eye; but the sheet-anchor for the iritis is to be found in large doses of calomel, under which treatment the eye evidently improved.

SYNOVIAL TUMOURS.—Both sides of the knee of a young man at No. 45 were affected with enlarged bursæ, which were filled with liquid matter of some sort. One of them was submitted to a subcutaneous incision, by a very narrow and pointed bistoury passing into the sac, for the purpose of cutting up its inner and opposite side, thus giving to the collected fluid the means of escape into the adjacent cellular membrane. Force was then applied to the tumour in order to break it up and disperse its contents. Firm compression was ordered to be made on the knee by bandage, and the part is to be kept wetted with a lotion of sal ammoniac, in the proportion of 30 grammes (7½ dachms) to half a litre of wine. This cutting up of the sac internally, is founded on a principle which M. Guerin has recently illustrated, that whatever be the parts incised, no inflammation can arise unless air be admitted to them; hence, in the cure of distortions, he cuts up with impunity, by subcutaneous incision, muscles, aponeuroses, nerves, arteries, veins and lymphatics. The sterno cleido is divided under the skin for wry-neck, the tendon achilles for club foot, and the deep-seated muscles along the vertebral column for distortions of the spine. M. Velpeau, however, claims the priority of application to hematic tumours, which he professes to have adopted many years since. Be this as it may, if success should attend the operation on the bursa, which I have just described, I shall rejoice at the event, for I have seen the most terrific results from the extirpation of such tumours. The last case of the kind which came under my notice was at St. Louis. The enlarged bursa was below the

knee, not exceeding the size of a walnut, but producing great inconvenience to the patient. M. Jobert proposed extraction, but Richerand shook his head and recommended an exploratory puncture. This being effected, gave issue to a quantity of thick, transparent, yellowish matter; but the bursa filled again, and Jobert, disregarding the injunctions of his chief, extracted the offending tumour. The whole limb became inflamed, with extensive suppuration, and after two months of torture and melting away by colliquative fever, the man was condemned to be amputated on the day of my last visit to the hospital. He lost his limb, and I think it not unlikely that he lost his life also. In a case of the same kind at the Val de Grace, under the younger Larry, the patient became delirious after extraction, and died in eight days. Roux and Velpeau also lost patients at the Hospice du Perfectionnement under the same circumstances.

HEMATOCELE.—HOSPITAL GANGRENE.—The sanguinous deposit which was outside the tunica vaginalis was evacuated, but the orifice did not heal, and at length assumed the greyish hue which characterizes the peculiar kind of gangrene met with in hospital sores. The acid nitrate of mercury was employed as is usual at La Charité, but no good result was effected. The parts were then kept bathed with a solution of aromatics in wine (*vin aromatise of the Codex*), and the patient recovered.

HYDROCELE, BY SUBCUTANEOUS INCISIONS.—M. Velpeau has given this treatment a trial in five cases, without being able to preserve the patients from a return of the complaints. They were then submitted to the injections of tincture of iodine, with success. The patient brought into the amphitheatre the other day, was one of the cases in which the subcutaneous incisions had failed. I remember also to have seen a failure in the practice of Gerdy, who was at that time the surgeon of St. Louis. The latter case possessed one singularity. The hydrocele was seated above the ring, for at that part the testicle was placed. I saw the man from time to time, during six weeks, without witnessing any amendment; I then discontinued my visits, and lost sight of him.

SCIATICA SUSPECTED FROM DISEASED PELVIS.—That tumours and other diseases about the origins, or indeed any part of the sciatic nerves, will produce the pains of sciatica, is abundantly proved by the records of medicine; and fortunate is that patient in whom the cuppings, the blisters, the moxas, and the terebinthinate potions, employed on the supposition of rheumatic affections, have no tendency to aggravate the local disorganization, whatever it may chance to be. A young woman in the bed No. 25 is an example of the difficulty of diagnosing these affections. Before she was brought into the surgical ward, she had been six months under the care of the physician, and was treated for sciatica; at length a tumour made its appearance in the thigh, suppuration was established, the abscess was opened without relief, and eventually the opening was cicatrized. The disease has now existed eight months; it came on without external cause, and was marked by intense suffering from the hip to the knee, without swelling, and without increase of pain on pressure. After the healing of the first abscess, another tumour formed on the hip, which also went through its suppurative stages, and has been opened. The constitution of the patient seems broken down by pain; she is constantly feverish, with dry skin, and cannot completely extend the limb on the body.—Where are we to look for the source of the disease? Is it the inflammation and swelling of the nervous en-

velope described by Hahn? Is it tumour within the pelvis? The new abscess has given issue to an enormous quantity of flaky pus, and there is strong reason to suspect disease of some part of the pelvic bones, but no denuded point has been detected at present. A question has arisen whether the vertebra be not affected, but in such a case the abscess would, in all probability, have taken a different course.

REVIEWS.

The Library of Medicine. Edited by Alexander Tweedie, M.D., F.R.S., &c. 8vo. pp. 440.

THE first part of the 'Library of Medicine' has at length appeared, and Dr. Tweedie has succeeded, after some two years flourishing of drums and trumpets, in bearing testimony to the correctness of the old adage, "that long threatening comes at last." How far the learned editor is justified in adding another volume to the thousand and one already published on the practice of medicine, without any material deviation from the common routine of those that went before it, is no affair of ours. This we presume has been maturely considered by the speculator. We must confess, however, that up to the present we were of opinion that there was an adequate supply for the profession, the butter-shops, and the trunk-makers for ten years to come at least, of similar productions, but in so thinking it appears that we were at fault, and that Dr. Tweedie knew better. With regard to the "getting up" of the volume before us, we can say but little that is favourable; for the maxim which seems to have regulated the editor's plan was "multum in parvo," and to attain this end he has sacrificed everything else. The paper is dingy, the type so small, and the lines so close and crowded upon each other, from fifty-five to sixty in a post octavo page, that it is impossible to read half-a-dozen pages continuously, without being troubled with headache or epiphora. Indeed, the editor himself appears to have suffered from this evil, before he reached the middle of page 3 in correcting the press, where we find the commencement of the typographical errors—"the imeddiment offered to the exit of blood," &c.; but to cloak such evidences of obscure vision, or bad typography, he has knowingly omitted giving a list of "errata," either at the beginning or end of his volume.

After the "necessary" introduction, in which we find nothing particularly worthy of notice, except the author's (Dr. Symmonds) exquisite syllogistical mode of reasoning, we have an essay on Inflammation, by Dr. Alison of Edinburgh. This, by far the best article in the volume, is worthy of its justly celebrated author. Dr. Alison has here divested himself of that abstruseness of style which obtains in the generality of his writings, and has given an admirable and lucid exposition of all that is really known concerning the causes, nature, and treatment of inflammation. But, alas! even the master-mind of this physiologist has not been enabled to penetrate beyond the threshold of our former knowledge, or to dispel the clouds which still darken the horizon of the inquirer; for as far as the *fons et origo* are concerned, the subject of inflammation remains as great a mystery as it was in the days of our forefathers.

Dr. A. espouses the doctrines of Hunter and Cullen, as to the "essential nature of inflammation," and considers that this morbid state must depend on alteration of the *vital* powers or endowments of the body. He considers that, "a peculiar perversion of nutrition, or of secretion, is essential to the very existence of inflammation;" and makes some severe stric-

tures on the transcendental vagaries of Magendie, who considers all the phenomena of inflammation as depending upon mechanical and chemical causes. "It must," says Dr. Alison, "surprise most of our readers to meet with the recent and bold assertions of Magendie, that 'l'irritation et l'inflammation artificiales sont tout simplement des résultats mécaniques,'" and he further adds, "notwithstanding these confident assertions, we have no doubt that the attempt to resolve all the phenomena of inflammation into the mechanical and chemical effects of obstruction of the capillaries, will be generally regarded in this country as a step backwards, instead of forwards, in pathology." After deducing a variety of arguments against the doctrines of Magendie, Dr. A. begs to remind that writer, that in doing so he has advanced nothing on speculation, "but on observed facts, at least equally well ascertained, and equally guarded from fallacies, as any that can be observed in *experiments on animals*." Few will question the accuracy of the following pungent remark: "All attempts to resolve the most essential changes which go on in the living body into the laws of dead matter, can only tend to perpetuate false views in physiology, and to draw us off from the proper point of view in which the actions of living bodies should be regarded."

Dr. Alison next proceeds to discuss the anatomical characters and varieties of inflammation, all of which are clearly and soundly treated of, and concludes his essay with some excellent practical observations on this all important and fundamental morbid condition. Dr. Alison's paper is well worthy of perusal; and those whose vision is powerful enough to enable them to go through the cloudy print, will do well to profit by it. The next article is one on '*continued Fever*,' by Dr. Christison, and, excepting the inflated and pompous style which pervade his pages, and which disfigure most of his writings, is a tolerably fair compilation. Such phrases as the following smell strong of the schoolmaster, and are frequently repeated: "especially in the plural number;" "particularly as a singular noun;" "treading in the regions of hypothesis;" "to speak in correct nosographical language," and such like specimens of pedantry, which certainly tend to diminish rather than increase the reader's confidence and respect for the opinions of the author.

Dr. C. commences his 'Dissertation' with a history of the general doctrines of Fever, in which he passes in review the several theories of the humoral pathologists, of Stahl, of Hoffman, Cullen, and Brown, of Pinel, Broussais, Louis, and Bouillaud. He combats the opinions of those who attempt to localize the disease, and lays it down, as a law never to be lost sight of, with a view to successful practice—"that fever is an essential or primary disease." If we mistake not, Dr. Christison confounds the '*Fiever Typhoid*' of French writers, with the Typhus of this country—a by no means unfrequent occurrence,* and in so doing draws sundry illegitimate conclusions in favour of his own opinions.

The author states in a note, as he says, "with 'delicacy,' that from repeated conversations which he had lately (1838) with M. Louis, he can state that the opinions of that eminent pathologist have undergone a change in favour of the *primary nature* of typhus, since the publication of his last writings on the subject of fever." Now, with all due deference to Dr. Christison, we must say that it requires something more than his *ipse dixit* to enable us to place the slightest shade of confidence in

such an assertion; and in this opinion we are borne out by the recent papers of M. Vallex. We know M. Louis too well to believe for a moment, if such a revolution had really taken place in his opinions, as Dr. C. states to be the case, that he would allow two years to elapse since the Doctor last saw him without candidly avowing it, either to his pupils or to his professional friends. M. Louis is not one of those restless special pleaders in medicine, who are never at ease unless when *generalizing* from data, no matter how incorrect they may be, as they are plausible, and who raise their baseless fabric to-day to be pulled down to-morrow. Whatever has fallen from his pen bears the stamp of long and laborious investigation, and of a precision and exactitude not often to be met with in medical writings. It would be useless to follow Dr. Christison through the different phases of the disease, as it would be only re-writing what has been written a hundred times before. We have articles on Plague, Intermittent, Remittent, and Yellow Fevers, by Dr. Shapter; on Infantile, Remittent, and Puerperal Fevers, by Dr. Locock; on Small-Pox, by Dr. Gregory; on Measles and Scarlet Fever, by Dr. George Burrows, and lastly, an essay on 'Diseases of the Skin,' by M. Schedel, of Paris. Dr. Willis was engaged, we understand, to write this article, but owing to some disagreement between himself and the editor about money matters, he was obliged to decline the undertaking. M. Schedel we know to be fully competent for the task; he is known as the author, conjointly with M. Cazenave, of one of the best 'Practical Manuals of Diseases of the Skin' published, and we must say that his essay has not disappointed us; but this does not prevent us from stating, that on the whole, the 'Library of Medicine,' judging from the specimen before us, is inferior as a production to its parent, 'The Cyclopædia of Practical Medicine.'

BOOKS RECEIVED FOR REVIEW.

A Practical Treatise on Diseases of the Lungs. By G. H. Weatherhead, M.D. Highley.
On the Improvement and Preservation of the Female Figure, with a New Mode of Treatment of Lateral Curvature of the Spine. By G. B. Childs. Harvey and Darton.

MEETINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

ABSCISS—DISSECTION.—IS AIR NECESSARY TO PUTREFACTION?

APRIL 25th.—MR. STREETER, the president, having taken the chair, submitted the following case to the meeting:—A little girl, aged twelve years, was attacked nearly three years ago with measles, which, after being got rid of, left behind a discharge from the ear, which continued more or less. Cleanliness was directed, and a little wool ordered to be kept in the ear, these being thought sufficient. No improvement, however, appeared; and about a month before her death she was seized with convulsive fits. She now complained of excruciating pain in the left side of the head, and gradually became insensible, using the most childish language, although she had ever, till then, borne the character of a remarkably intelligent girl. She had no stertor. Emaciating rapidly, the discharge from the ear seemed to increase; and a few days before she expired, there was also a grumous discharge from the mouth. No paralysis ensued. A post-mortem examination of the head was made, when about four or five ounces of a greenish putrescent matter were found in a cystiform abscess, not communicating with the

* See Dr. Roupel's short 'Treatise on Typhus Fever.'

* See 'Archives Générales de Médecine.' October et Novembre 1839.

ventricles. There was a considerable quantity of water in each ventricle, and a circular opening at the basis of the middle lobe. The anterior petrous portion of the temporal bone was much affected. The dura mater was inflamed. The auditory nerve was by no means implicated. The course of the disease was evidently from the mastoid cells to the superior portion of the temporal bone.—In reference to this case (of which the brain was exhibited), DR. ADDISON inquired to what extent could putrid pus generate, or whether it could generate at all, where no possible means existed by which gas or atmospheric air could gain admission to the abscess? He, himself, could not conceive a putrid abscess being formed independently of the action of air.—MR. VERRALL, agreeing in the opinion entertained by Dr. Addison, had nevertheless seen cases which were, to say the least, paradoxical; they might have been the exceptions to the rule. One was that of an abscess occurring in a man who had had strangulated hernia; and he recollected another situated near the rectum, which was most offensive, but the immediate communication of which with the external air was extremely doubtful. The air, however, might have passed through the cellular tissue; and indeed he thought it very easy for it to make its way through the attenuated tissues of a diseased organ.—DR. CHOWNE could not but consider that abscess deeply-seated indeed which did not admit of the access of air. The subject was an interesting one, inasmuch as it involved the question of the necessity of air to the putrefactive process. As regards the condition of the contents of the uterus in women, under circumstances connected with the formation of abscess, it was well-known that the foetus was often expelled in a state of absolute putrescency, and still oftener when any of the internal vessels of the mother had burst. There was a host of cases on record in which the foetus was putrid, although previously to its expulsion the membranes had been sound, and the uterus had gone on with its functions. Now, this might be attributed either to a due want of the vital principle in the uterus, for the purpose of supporting the foetus; or, on the other hand, air passing through the uterus, might have come in contact with the liquor amnii, and thus occasion the putrescency of the foetus.—DR. REID observed, that he had never known the os uteri to be altered, in cases where the foetus had been expelled putrid.—MR. RUTHERFORD ALCOCK was surprised that it should have been argued, as it seemed to have been, that gaseous agency alone was necessary to render the matter of abscess putrid. There was another operating cause, totally independent of that, namely, where a sloughing action was going on; and to such action he was inclined equally to refer the decomposition which took place. In cases of low typhus, it was remarkable that the abscesses which supervened were generally extremely foetid, and of almost the worst description; and here it must be obvious that it was the depraved secretions, together with the depressed state of the system, which were to be looked upon as the principal cause.—DR. GOLDING BRID had no doubt that air could permeate any tissue or collection of tissues in the body. Professor Graham had shown in the 'Philosophical Transactions' that there were few things indeed which it could not penetrate; he had passed up a stream of air through plaster of Paris to a very great height! Moreover, the general proximity of cysts of abscess to openings into atmospheric air, was a point which should not escape attention.—This being the last meeting of the session, the chairman, in a valedictory address, congratulated the members on the tendency which the discussions had for the most part taken, and on the amount of practical information thereby diffused among the profession. The meeting then separated, to meet again in October next. [We may perhaps, at a future period, make space for a sketch of the lions of this society.]

APPOINTMENTS.—William Connolly, Esq., M.D., has been nominated to the office of physician to the Waterford District Lunatic Asylum, in the room of the late Edward Jones, Esq., M.D.—Dr. Gregg to the Buttevant Dispensary.

ACADEMY OF SCIENCES, PARIS.—APRIL 13th.

[From our own Reporter.]

CURE OF DEFORMITIES BY SECTION OF THE LIGAMENTS.

M. GUERIN addressed to the Academy the conclusions of a *memoir on the active Contraction of the Ligaments, as a cause of articular deformity, and on the subcutaneous section of the retracted Ligaments, in order to remedy those deformities*. This memoir is a sequel of those on the subcutaneous section of the muscles, and the following are the conclusions:—

1. Ligaments, as well as muscles, may be affected by active retraction, both of which cases depend on an affection of the nerves, first distributed to the respective parts.
2. The contracted ligaments may of themselves occasion permanent deformities. The deviation of the knee-joint inwardly, preceded by the contraction of the external lateral ligaments, and the corresponding portion of the fascia lata, is an illustration of the fact. This contraction is sometimes complicated with muscular contraction so as to produce a mixed species of club-foot.
3. There exists a state of ligaments and of articular capsules, opposite to that of retraction, and corresponding with paralysis of the muscles. This state, which is characterized by a considerable relaxation of the fibrous elements of the articulation, is produced by the affection of the nerves, which are distributed to it; and the circumstances where this articulation exists, are precisely those where the affection of the nerves has produced paralysis of the surrounding parts.—The subcutaneous section of the retracted ligaments is to be performed on the same principles as that of the muscles. M. Guerin has performed it repeatedly on the external lateral ligaments of the knee—the anterior, middle, and posterior ligaments of the fibula—the deltoid ligament of the internal malleolus—the superior and the lateral astragalo-scaphoidean—and the lateral scapho-cuneiforme, as a remedy for complicated club-feet, which could not be completely relieved by the ordinary operation of tenotomy or section of the tendons.

FOREIGN HOSPITALS.

HOSPITAL ST. LOUIS.

[From our own Reporter.]

FISSURES OF THE ANUS.—OPERATION OF M. JOBERT.

In another part we give a mode of treating this distressing complaint by extract of monesia, which is said to have succeeded after caustics and tents had failed, but the author makes no mention of any previous trial of the mode of curing by incision of the sphincter, as practised by Boyer and Dupuytren. The indiscriminate use of caustic is obviously bad; it has constantly failed in the deeply-seated fissure, and it is probable that the cases in which it has succeeded have been the superficial fissure. M. Jobert's mode of excising the fissure, differs from the incision of the sphincter by Dupuytren, as may be seen from the following case. The patient had for several months complained of constipation, tenesmus, and the sensation of a hot-iron passing through the anus. The pains at length became constant, producing fever, and other constitutional disturbance. On examining the posterior part of the anus, by pulling down the gut, a fissure was discovered upwards of half an inch in length, and the anus was violently contracted without any hæmorrhoidal tumour. Instead of cutting down through the sphincter ani, as is usually done for the purpose of getting rid of the constriction, supposed erroneously to be the cause, instead of the effect, of pain, M. Jobert attacks, what he affirms to be the cause, by cutting away the whole ulcerated surface, even with a part of the subjacent layers, by means of a bistoury or curved scissors. The fissure, thus reduced to the state of a simple sore, gives no more pain, and the constriction of the sphincter ceases. The incision of Dupuytren has, in some cases, been attended with fatal abscess in the pelvis, and it has also produced incontinence of faecal matter; if, therefore, the merit of M. Jobert's plan be confirmed by more extensive experience, a great point will have been gained—unless indeed monesia beats the scalpel out of the field.

MEDICAL OBITUARY.

On the 4th inst., Arthur Forster, Esq., M.D., medical attendant to the Tempo Dispensary, sincerely regretted by all who had the pleasure of his acquaintance.—At West Bromwich, Staffordshire, Mr. David Paterson, surgeon.—At Balneer, in the East Indies, aged 31, Samuel Price Prichard, Esq., of the Hon. East India Company's Medical Establishment, youngest son of the late J. Prichard, Esq., surgeon.—At Waverton, near Liverpool, Charles Brown, Esq., surgeon, in the 34th year of his age.—At Dublin, Richard Barry, Esq., M.D.—At Omagh, Wm. Mc Conkey, Esq., M.D., of apoplexy, suddenly. The Derry Standard states—"The shops in the town were all closed, and every inhabitant seemed sincerely to regret the death of the humane, kind, and attentive Dr. Mc Conkey, and to feel for the bereaved situation of a loving wife and interesting young family. The Doctor was a superintendent of the Omagh Fever Hospital, in which situation he earned for himself the gratitude of hundreds of the poor of Omagh and surrounding country."

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 33. Vol. II.

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MEDICAL PORTRAITS.

A SECOND MORNING AT GUY'S HOSPITAL.

A FEW days after our first visit to Guy's, we again determined to honour it with our presence; and seeing nothing more worthy of notice, we entered a room where Mr. Callaway was seeing out-patients, and prescribing for them at the rate of about forty-five per hour. He is a stout, dark person, with a head remarkable for the extraordinary development of the phrenological bumps amateness and philoprogenitiveness, rather pleasing manners, and apparently a very quick perception of the nature of the case before him. This is what might be expected from his education, for he was born and brought up in the hospital, and has been connected with it all his life. He was the surgery boy in the days of Sir Astley's glory, and this gentleman taking a fancy to little Thomas, had him apprenticed to the hospital, and continued to push him forward till Mr. Bransby Cooper came from abroad, and began his canvas for the surgery. Callaway was by this time enabled to offer a powerful opposition to Mr. Cooper; when, to silence him, the office of assistant-surgeon was created by Mr. Harrison. Mr. Bransby Cooper became surgeon, and Mr. Callaway assistant, which office he has ever since filled. He is about the only one of the numerous satellites of Harrison who takes no part in the lectures, and he perhaps judiciously preserves his reputation, by not bringing his talents into a field more open to observation than the out-patients' room.

We strolled onwards to the museum, one of the best in this metropolis. The wax models of the different diseases of the skin are most exquisite specimens of art, and we believe are perfectly unrivalled in this country. There is also an anatomical model room, where casts and models abound, for young gentlemen who prefer learning anatomy through a glass case, to soiling their fingers or clothes in the dissecting-room. The lecturers have wisely established this room; for since Warburton has held so many shares in University College, that institution monopolizes the subjects, and no redress is to be had from Dr. Somerville. The consequence is, that the demonstrations in the Borough schools have been more than once stopped this winter, while the tables in the Gower Street dissecting-room groan beneath their weight of putridity. As we were examining some of the preparations, Mr. Cooper entered the museum, followed by a string of pupils, and seating himself in an arm-chair, commenced a sprightly conversation with them. The first words we caught were, "Ah, Farrott, you may put that down in your prescription book; it's a capital application to all irritable sores." "What is it?" asked a gentleman

with hair flowing over his shoulders. "Oh! opium three grains, mucilage on ounce and a half, lime-water six ounces." "How long has your face been bad?" asked Mr. Cooper of a simpering youth whose skin was covered with lepra. "Some time, sir, and I've tried everything." "Well, now it's a very odd thing how that fellow — cures lepra by his medicines! I was driving in the Green Lanes one day, and I met him—he was at that time a highly respectable man in extensive practice. He asked me if I had heard of this medicine for lepra? I said 'No;' and he said, 'I'll send you some to try.' Well, it so happened that I had a very obstinate cure under treatment, and I gave this stuff, when really the person was well in a week. Then a few days afterwards a female brought me a boy who had to be examined in a short time before admission to the Naval School at Woolwich. It was very important that he should be well in time, so I wrote for some more of the medicine, telling — it had worked wonders, and I'd pay him for some of it. You may judge of my surprise when soon afterwards I found the stuff put up in a quack form, and wrapped up in a paper, on which my letter was printed. I instantly sent word that if he did not immediately call in all those papers, I'd bring an action against him; and so the matter ended. But I'll tell you of a capital ointment for lepra—equal parts of unguentum hydrargyri nitratis, unguentum hydrargyri oxymuriatis, and unguentum cetacei." "How strong is the unguentum hydrargyri oxymuriatis made?" asked a spectacled youth. "Well, I scarcely know; but I can tell you that five hundred pounds was given by a gentleman for that prescription to a man at Bromley, who cured all the population around with it. That gentleman gave it to Sir Ashley, he to me, and I to you. So good morning, gentlemen."

SMALL-POX AND VACCINATION IN GRAHAM'S TOWN.—The small-pox has prevailed with such intensity in this town, that the Governor-General has issued a proclamation, ordering that in districts where there is a medical practitioner appointed by government, vaccination shall be performed by him alone; but that in those where there is no such person it may be performed by a regularly qualified practitioner. Every one brought to be vaccinated by the government authorities is to leave a deposit of five shillings, which is to be returned on the eighth day after vaccination, on production of the party vaccinated. A letter from the office of the Colonial Medical Committee states, that the disease introduced by the captured negroes is genuine small-pox, and not a distinct malady, as was asserted by many persons some time ago.

YORK MEDICAL SOCIETY.—At the last meeting of the York Medical Society for the Session 1839-40, Mr. J. Allen was elected President, and Mr. Husband was re-elected Secretary, for the ensuing year.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE SKIN—URTICARIA.

URTICARIA is an exanthematous affection of the skin. The name by which it is well known in common language is that of *nettle rash*, and the corresponding names in other languages denote the circumstance of the affection resembling that inflammation of the skin which is produced by the contact of the ordinary stinging-nettle. It consists of tubercular elevation, sometimes a little redder, but sometimes indeed paler than the skin itself, arising in the course of the night and declining again in the day, attended with a very severe sense of itching, pain, and burning heat.—These tubercular risings of the skin sometimes appear in the form of small circular elevations, perhaps not larger than half a pea; sometimes they assume the form of long elevations, constituting what are called *wheals*—appearances similar to the effects produced by the stroke of a stick, or whip, on the skin; sometimes they appear in pretty large raised patches; I have sometimes seen them as large as the palm of my hand, though it is not common to see them of that magnitude. These constitute what are called the *urticaria conferta*, or *tuberosa*, of the cutaneous nosologists. The skin of individuals in whom these appearances take place is particularly prone to inflammation; it is easily excited, for in such individuals very commonly mere pressure on the skin, or scratching it, will raise elevations of this kind. You can see them produced before your eyes. These elevations generally take place during the night; the patient is kept awake and prevented from resting by an intolerable sense of heat and itching. These lumps arise, they become troublesome for a certain length of time, then the itching goes off and the tubercles disappear; but a fresh set will come on the succeeding night.—There are more kinds of this affection than one; there is *urticaria perstans*—that is, a constant or continued state of nettle rash.—Generally speaking, these elevations take place on the skin in its natural state; but they are occasionally seen to occur on inflamed patches of the skin, and this constitutes the *urticaria febrilis* of the cutaneous nosologists. I believe this affection of the skin is always dependent on the state of the digestive organs; very commonly it is preceded and accompanied by unequivocal symptoms of such disorder—that is, by loss of appetite, by nausea, and sickness. It is sometimes brought on by particular articles of food that disagree with the stomach—more especially by some kinds of shell-fish. Now the muscle, which in some places is commonly taken as an article of food, not unfrequently produces this affection; and in some parts of the country, where the above is a frequent article of food, and where persons are consequently acquainted with this effect, it is known by the name of *muscle rash*. Not only other shell-fish produce this effect, but also other articles of food. Again, it will be produced by gluttony or intemperance generally—by taking too much of those articles that stimulate and act unfavourably on the stomach.—Since this is the cause of the affection, of course the mode of remedying it is tolerably obvious. If the stomach be loaded, or in a foul oppressed state, from such practices as I have mentioned to you, the obvious remedy is to clear it by an emetic; and experience has so fully established the efficacy of this plan, that we may say in most cases this remedy will put a stop to the nettle rash. When you have administered the emetic, you may then purge the patient; and at the same time you should regulate his diet, of course prohibiting anything that seems obviously to have caused the attack.—Sometimes the complaint will

last for a considerable time, and it will thus continue, in spite of such a mode of treatment as you might suppose calculated to put a stop to it. I remember being consulted in the case of an elderly person, who told me that he had not had a comfortable night's rest for a month. He had been troubled by nettle rash for that length of time, and had taken a great deal of medicine—a vast quantity of opening medicine—but it did him no good. Seeing he had taken opening medicine, and there was no good result from it, I doubted whether I should give him an emetic; but I thought I would try it, and accordingly I prescribed an emetic of the ordinary description—a scruple of ipecacuanha with a grain of tartrate of antimony. He took it, and he was effectually relieved; so that he did not want any other treatment.

HERPES.

The name *herpes* is given to an eruption of minute transparent vesicles, taking place on inflamed patches of the skin. You have, in the first place, a sense of heat and tingling occurring in some part of the body. You see a portion, or some two or three portions of the skin become inflamed in small patches, and very soon you find them rising up into a set or group of minute, transparent, watery vesicles. These enlarge, and in the course of two or three days they lose their transparent state, becoming brown, or yellow, and opaque. The contents of the vesicles escape, encrust upon the surface, form scabs, which fall off and leave the surface tolerably sound. You have a succession of these inflamed patches of the skin, going through the same process. Thus you find, in one and the same case, some portions of the skin in which the vesicles have just arisen, and where they are small and transparent; others in which the contents begin to change colour; others in which the encrustation is going on. The affection generally lasts ten days, a fortnight, or perhaps three weeks, and is attended with more or less of febrile disturbance; and then it goes off spontaneously, and leaves the patient well.—Now one of the most common of these affections is the formation of clusters of vesicles of this kind, which ultimately constitute a half girdle, or band, round the trunk of the body—this is called *shingles*; in technical language, *herpes zoster*, or *zona*. It is strange enough that this affection has been described by many, and those of pretty extensive practice, as a form of erysipelas, though there is no resemblance between the complaints. Cullen, in his *Nosology*, calls it erysipelas. Franck, Richter, and Boyer, state that *herpes zoster*—that is, the shingles—is a species of erysipelas, though the characters of the complaint are quite dissimilar. The shingles take place upon the trunk of the body; wherever it forms, it extends towards the median line, both anteriorly and posteriorly, and it limits itself to one half of the body. You have a succession of inflamed patches, and a succession of vesicles taking place in the patches. It approaches the linea alba in front, and the vertebral column behind; so that is not a zone, or girdle, but half a girdle. A strange notion has existed, which is as old as the time of Pliny, that if this affection extends completely round the body, it will terminate fatally; however there is no ground for it. It is said sometimes to pass the median line, but I never saw it do so. The expression of Pliny is, "Ignis, sacri plura sunt genera, inter quæ medium hominem ambiens, qui zoster appellatur et enecat, si cinxerit"—it kills if it surround the body. In shingles, or *herpes zoster*, the vesicles vary considerably in size—from that of a pin's head to the size of an almond. Now the latter comes under the technical denomination of what cutaneous nosologists have called *bullæ*. *Herpes* is placed among the vesiculæ by Drs. Willan and Bateau; but *zoster* by Boyer among the class *bullæ*. I believe it is mostly seen upon the abdomen and lower part of the chest. I have seen it occurring on the chest, spreading over the shoulder to the arm. I have also seen it extend longitudinally down to the hip. But in this situation, as well as where it is seated on the chest, it is confined to one half of the body, and does not go beyond that. This disease is generally attended by a febrile disturbance, and some derangement of

the digestive organs.—So far as the cutaneous affection goes, it is unimportant; but the febrile symptoms, and the state of the digestive organs, require mild antiphlogistic treatment, the exhibition of aperient medicines, of saline and antimonial medicines, with reduced diet, and rest. There is often a great deal of local pain produced by the inflammation and vesication; and mild local applications are best suited to this state—simple saturnine or spirituous lotions;—common white ointment, or elder flower ointment, may be applied; or a soft poultice, if it proceed to encrustation.—The *herpes labialis* is that form of vesicular disease which occurs about the lips, in conjunction with some fevers, or towards their decline. Here you observe the progress of the complaint very distinctly—first the inflammation, next the formation of vesicles that become opaque and purulent, and then the bursting of the vesicles and the formation of crusts, or scabs.

HERPES PRÆPUTIALIS.—*Herpes* occurring on the prepuce is a complaint that might be confounded with a venereal affection. Some inflamed patches occur on the prepuce—small groups of little vesicles take place upon it. Perhaps from six to twelve minute vesicles will occur on a patch of this kind, and there go through the process that I have mentioned. First they are small, transparent, watery vesicles; next they become opaque, and then they shrivel and dry up, while you have perhaps two or three patches forming in succession. The truth is, if you see them in a vesicular state, I do not know how it is possible to confound them with the venereal disease, they are so dissimilar; but it is well to be aware of the possible occurrence of such an affection, that when you meet with it you may know at once that it has nothing at all of a venereal character.—This affection, *herpes*, may occur on a limb, and extend the whole length of it. It is essentially the same as *herpes zoster*, differing only in situation. It has been described by Bateman as *herpes phlyctænodes*.

SCABIES.

Our next subject is that vulgar disease called *itch*, to which we give the more polite appellation of *scabies*, or *psora*. There is some doubt respecting the situation which should be allotted to this complaint in the arrangement of cutaneous diseases; for we see it sometimes in the form of vesicles, sometimes in that of pustules, sometimes in the form of pimples—these forms appearing either separately or conjointly; so that it would seem to have nearly an equal claim to a place in three of the orders established by Dr. Willan. This circumstance will lead you to the conclusion that, although the arrangement proposed by Dr. Willan, and adopted by others, is convenient, as allowing of a distribution of the varied affections of the skin, yet we are not to conceive that these divisions indicate, in all instances, an essential difference in the nature of the affections they include; for here we see that one and the same affection may exhibit, at the same time, appearances which might lead to its arrangement under three different orders of cutaneous affection. The more common form of *itch* consists of an eruption of small, clear, transparent vesicles, on an uninfamed skin. These appear, in the first place, on the hands; they usually show themselves about the intervals of the fingers, or about the wrist, and from that situation they spread over the upper extremities, and from thence over the body generally; excepting, however, the head and face. I do not say, that the *itch* never appears on the face; but, at all events, it is an extremely rare occurrence to see it there. As this complaint is contagious, it may be contracted by shaking hands; but as there is an exception of this affection from the face, you will understand that there is no fear of catching it by kissing. The vesicles that I have now mentioned extend over the body generally; they are pretty universally disseminated; they are not confined to one part, nor do they appear in distinct patches, or groups; and in this respect *itch* is distinguished from some affections of the skin which, in other points, bear a resemblance to it. The most troublesome circumstance belonging to it is that from which it derives its English name—the intolerable itching which accompanies it.

It is an itching that people cannot bear, and, in spite of themselves, they seek relief in scratching. Thus it happens that the minute watery vesicles of which the disease consists become broken, and the character of the affection alters; for you have superficial encrustation, with an intermixture of slightly bloody discharge produced by the scratching. The vesicles, however, if left to themselves, supposing they were not at all broken by that kind of external interference that I have alluded to, would give way; their contents would escape, superficial ulceration would follow from this natural process, and slight encrustation would occur in the patches which are affected by the pustules.—This affection is not preceded, nor is it accompanied by any febrile or other derangement of the constitution. With the body covered all over with the eruption of *itch*, the patient, in other respects, may be in a condition of perfect health; and generally speaking, I may observe to you, that, however thickly these watery vesicles may appear in any part of the body, that portion of the skin which exhibits them is not inflamed, but usually retains its natural paleness. The eruption, therefore, of *itch*, in the form I am now alluding to, consists simply in the development of these small and perfectly clear watery vesicles.—Frequently we have the *itch* in the form of pustules, from the elevation of the cuticle by the secretion under it of a bright yellow purulent fluid. These occur about the fingers—more commonly in the intervals between them. Frequently you have them placed between the thumb and fore-finger, and about the wrist; they will extend to the palm of the hand, and from this situation they will proceed along the extremity, and affect the fore and upper arm. You have them in the same way upon the feet and legs, but you do not so commonly see these pustules on the trunk of the body.—The pustules of *itch* vary in their size, from a large pin's head to that of a sixpence; and sometimes you see them almost as large as a shilling, particularly where the cuticle is thick, as in the palm of the hand. Now as this form of the disease is attended with more of inflammatory affection of the skin, the basis of these large bright-yellow pustules is often inflamed; and when there are several of them seated near together, the part which they occupy is not only considerably inflamed, but it is generally swollen. There is a serous effusion into the cellular texture; and when there is a considerable number of these formed on the hand, the wrist, and the fore-arm (or in the same way in the lower extremities), you will find so serious a local irritation as to produce considerable fever—a degree of febrile disturbance of the constitution that may actually require the use of the lancet; a circumstance which you never observe in cases of the small watery vesicle. This is a form of the disease which is more particularly observed in rather young persons, and in those who are in a state of plethora, with fulness of habit; in those in short, who are young and robust. Now, whether the disease shows itself in the form of vesicles or pustules, we do not find that it is equally disseminated over the whole body. Although it extends more or less over the frame, we find the appearance most obvious in those situations where the skin is liable to friction, from the dress or from the natural motions of the part; we find, therefore, that there is the greatest quantity of *itchy* eruption about the wrist, the bend of the arm, and the arm-pits—about the waist, and about the knees and hams.—I should have observed to you also, about the itching, that it is not a symptom which is always equally troublesome. During the day-time, when the skin is cool, the patient does not feel a great deal of annoyance from it; but whenever the individual is heated (such as when he becomes warm in bed, or after eating and drinking heartily, so as to excite the circulation), then the itching sensation becomes troublesome, and almost intolerable.—Then there is a third form of the affection, in which it appears in the shape of pimples on the skin, seldom distinctly prominent, but you can feel them by passing the fingers over the surface. When you make the examination more narrowly, you will see minute elevations, which are called pimples, or *papulæ*. It is said that if you examine these very carefully you will

find minute vesicles on their centre. You may have all these three forms mixed together, or see them in some measure separately. I may observe to you, however, that you will not see the pustular form of itch without an intermixture of vesicles. As to the pustules in the itch, if you saw one or two separately, they might exhibit an appearance that you would not immediately recognise; but you usually see a multiplicity of them; and not only so, but you see around them the small, clear, transparent vesicles which immediately point out to you the nature of the affection.—The itch is most prevalent among the lower orders of the people, and its origin and propagation are particularly favoured by the neglect of cleanliness, whether in respect to person or dress, which is so common amongst them. Now, as they have such frequent opportunities of observing it, it seems that they have distinguished very accurately the different forms of the affection. Dr. Willan states, that he found among the common people that there was a distinction of four forms of itch, which they call the *rank* itch, the *watery* itch, the *pocky* itch, and the *scorbutic* itch; and he has really paid a great compliment to the accuracy of popular discrimination, by adopting these distinctions and introducing them, under scientific names, into his cutaneous nosology. The rank itch he calls *scabies papuliformis*—that in which the pimply elevations of the skin are more prominent. The watery itch he calls *scabies lymphatica*—consisting of the more ordinary form of the complaint, with clear, transparent, watery vesicles. The pocky itch he calls *scabies purulenta*. I may observe, that it is not meant to indicate that there is any mixture of pox, or syphilis with the itch; it is only used to denote the form of pustule, or pox in common language. And lastly, *scabies cachectica*, or scorbutic itch, in which we are apt to find a combination of various forms, but principally an intermixture with large patches of lichen, psoriasis, or impetigo, in elderly persons, with some other modifications of cutaneous disease.—Now the itch originates and is propagated by contagion. We are not aware that it ever arises from any internal cause, or from the state of the constitution in any individual. So far as our knowledge goes, itch would not take place in any person except by the communication of some poisonous or contagious matter from an individual previously affected with the complaint. Then there seems to be no natural end of the affection: the particular appearances go through a certain stage, and come to an end—that is, the watery vesicles or pustules of itch break, encrust, form superficial ulcerations, and then come to a termination. But you have a succession of similar appearances taking place after those that first have shown themselves; these also come to an end, and then the disease attacks fresh parts of the body. Thus there is no reason why the itch should not last the whole life of an individual; in fact, in many instances, it lasts a great number of years among the lower orders, who are not attentive to cleanliness, who do not change their clothes nor their linen, nor wash their bodies sufficiently often. I may observe to you, however, that the disease is not by any means so contagious as is imagined. People have a great horror of the itch, and would almost rather hear of some more serious calamity than that an individual connected with the family had got this complaint. However, the danger of infection is exaggerated by the fear we feel on the subject;—there is no very great risk of our having the complaint propagated in a family. Among persons who are cleanly, if the itch is contracted, it will be confined, perhaps, to a small portion of the body. It will not extend from one individual to another, in decent families—that is, in those families where general habits of cleanliness exist among all the individuals. I have known several instances of one individual in a family having the itch, without other persons with whom he has been in the habit of free intercourse catching the complaint.—I remember a clergyman calling on me with two of his daughters, one of whom, he said, had got an obstinate affection of the skin. They were two nicely-dressed young ladies. I begged her to let me see it; and when she uncovered her arm it displayed a specimen of the itch—as fine a specimen as I ever saw. I could not help believing

that such was the complaint. The gentleman said that some persons had supposed it was the itch, and that means had been used accordingly, but that they were not effective. I told him that my opinion was decidedly that it was itch—that I could not view it in any other light, and that if the proper treatment were adopted the lady would get free from it. He said it could not be the itch; for she had been in the habit of sleeping with her sister all the time she had had it, which was nearly a year, and the sister had not contracted the complaint. I told him I could only recommend a certain treatment—one calculated to cure the itch. This was put into practice, and she was completely and speedily cured.—Now the appearances which attend itch may belong to some other affections of the skin; and thus it becomes important to distinguish this complaint from those which resemble it. I may state to you generally, that the particular circumstances from which the complaint derives its name—that of intense itching—the absence of febrile or any other disturbance of the system, and the uninfamed state of the skin on which these appearances take place, are the principal circumstances which characterize it. Also the great diffusion of the affection over the body, its dissemination without being confined to any part, or the appearances being collected in particular patches or parts of the body. These are the main circumstances that characterize the itch.

Now the great remedy for itch is brimstone; and if there be any kind of remedy which can be deemed a specific for any complaint, I think we must regard brimstone in that light—as a specific remedy for the itch. The external application of it, in the form of ointment, to the affected skin, is the most effective mode of employing it. The brimstone ointment consists, according to different prescriptions, of different proportions of brimstone; that recommended by M. Rayer consists of one part of sulphur and two of lard. He mentions another formula, which consists of two parts of sulphur, one part subcarb. of potash, and one part of lard, incorporated into an ointment. The unpleasant smell of sulphur, and the mode in which it contaminates all the dress of the individual, have made people anxious to mix it with something that should destroy the smell, or to find out some other mode of remedying the disease that is not exposed to this objection, and sulphur and lard have been combined in equal proportions, but with which as much bergamot and cinnabar as will give it an agreeable smell and colour, and a little subcarbonate of potash and rose-water, are united. Perhaps it is a question of taste, but if I were so unfortunate as to have the complaint, I believe I should use sulphur ointment alone. I do not like using this mixture of sweets and stinks together; it is like administering food and physic, and you know that I have a great objection to that. The mode of using it consists first in cleansing the surface of the body, using the warm bath, and having the body well washed with soap and warm water. Then the sulphur ointment is to be plentifully smeared over all the parts of the skin on which there is any appearance of the affection. The object is not to rub in the ointment as you rub in mercury ointment for the pox, but only to cover the affected parts plentifully with it. Then the patient should put on a suit of under garments—stockings, drawers, flannel shirt with sleeves, and gloves, so as to confine the ointment thus employed to the surface of the body; and these garments are to be worn till the treatment is at an end. The patient should repeat this sulphureous unction night and morning, and let him do the same for three or four successive days; then go into the warm bath, and cleanse the surface well with warm water and soap, and you will be able to see whether there is any appearance of fresh eruption on any part; if so, you must repeat the process.—Now as to the time required for curing the disease, doctors seem to differ. I see that one practitioner of considerable authority on diseases of the skin, says that itch may be cured in this way in twenty-four hours. I should not consider a person likely to get cured in that time; I cannot say that I ever saw it cured in so short a period. M. Rayer, in whose judgment I place great confidence, says that this mode of proceeding will cure the itch in

fifteen days. I think him the nearer the mark of the two, according to my experience. However, I believe that, in general, by using the ointment freely, it may be cured in less than that; but if it be inveterate (or rank, as the common people call it), I do not know that it can.—I may observe, that the application of the ointment is sometimes attended with a very copious appearance of the eruption. The common people say that the ointment brings the disease out; and I do not know whether the expression be not a correct one, for we see the eruption come out more abundantly twenty-four or forty-eight hours after using the ointment. I believe the various attempts to use sulphur in other forms less objectionable than that of ointment, have not led to any useful results. Sulphurous baths have been used: four ounces of the sulphuret of potash may be mixed with as much water as is necessary for a warm bath; the surface may be washed over plentifully with a solution of sulphuret of potash, in the proportion of one or two drachms to a pint of water. Sulphur may be applied in the form of a fumigation or vapour—sulphur vapour baths. An ointment has been used composed of the strong sulphuric acid mixed with lard, in the proportion of half a drachm, or a drachm, to an ounce of lard. This ointment does not possess the disagreeable smell of common sulphur ointment, but it corrodes the linen of the patient, and is so far disagreeable. Then again, certain substances have been mixed with the sulphur. The white hellebore has been considered to have some efficacy as a remedy for itch. The unguentum sulphuris compositum of the London Pharmacopœia contains sulphur in conjunction with the root of white hellebore. There is an ointment which goes by the name of *Jasser* (so called after its inventor), much used in Hungary, that consists of the flowers of sulphur, sulphate of zinc, and laurel berries, in equal parts, mixed in the form of a liniment with olive or linseed oil; and this is to be rubbed on the surface of the body. Now I have sometimes seen persons employ all these various modes of proceeding, but I do not think that there is anything so effectual, so beneficial, and so much to be relied on, as the simple application of common sulphur ointment. They may be capable of curing the complaint, but the time required is considerably longer, and the effect of the remedy much less certain.—A question will naturally occur, whether sulphur may be administered internally with any effect, or whether the cure can be promoted by it? I cannot distinctly say whether it can be cured by the internal use of sulphur or not, having been in the habit of seeing it employed in the way I have mentioned. I believe, though perhaps it may not cure the complaint, it may assist other means. You may therefore use sulphur mixed with treacle, in the form of an electuary, in aid of the external applications.

ECZEMA.

There is a genus of vesicular cutaneous diseases which has been called by Drs. Willan and Bateman *eczema*—a Greek term. I have already had occasion to mention the form of this affection produced by mercury—*eczema mercuriale*, or *rubrum*. Frequently you have an eruption of vesicles, preceded generally with a little inflammation of the skin, in consequence of some immediate external irritant. It is a form of cutaneous disease owing its origin to the direct application of some obvious cause. Thus you have *eczema solare*—that is, the appearance of vesicles in consequence of exposure to strong heat during summer. Most individuals have it either on the face or on the hands, when these parts have been much exposed to the sun. Then it is seen in those individuals in whom any part of the body is habitually exposed to sources of irritation, such as grocers, bakers, bricklayers, and others, in whom certain parts are covered frequently with a minute powder or dust. These persons become the subjects of an affection of this kind; and in popular language these affections are known by the names of *grocers' itch*, *bakers' itch*, and *bricklayers' itch*. Sometimes it is in the form of watery vesicles, sometimes of small pustules, sometimes of an inflammatory state of the skin, or what is termed a *chapped* state of the cuticle, approaching to the condition called psoriasis.—In

all these instances it is, of course, a matter of obvious necessity to remove the cause—to prevent the application of the external irritants which produce these effects; and, generally speaking, that is sufficient to cure this affection. In certain of these affections, where there is a good deal of irritation and heat of the part, benefit has sometimes been derived from hydrocyanic acid locally applied. One or two formulæ have been proposed; for instance, a drachm of the hydrocyanic or prussic acid in eight ounces of emulsion of bitter almonds; half an ounce of prussic acid, with half a drachm of acetate of lead in sixteen ounces of distilled water, forming a lotion, with which the parts are to be bathed in the course of the day.—Now we occasionally see cases of this character, consisting in the appearance of watery vesicles, without our being able to trace the application of any external irritation, and without our being able to account for it by the existence of any internal disease. I remember an instance of a young woman who was under my care at St. Bartholomew's Hospital, who had a large node on one ulna, and a considerable swelling both of the tibia and fibula. She was about twenty-three years of age. There was a considerable swelling, with ulceration, over the tibia. She was thin and pallid, and seemed in a bad state of health. By the means that were employed the ulceration on the legs became greatly diminished. She was then affected by a vesicular eruption, first in one hand and then in the other. There were a number of clear, transparent vesicles, varying in size from that of a pin's head to a large bean, formed on the palm of the hand and palmar surface of the fingers and thumbs, extending a little way along the corresponding aspect of the fore-arm, with hardly any discolouration of the skin; some heat and tingling, but not any violent itching. These vesicles began by exhibiting the appearance of transparent fluid, but some of them soon became a little turbid; they then gave way, and broke—a superficial encrustation formed, the cuticle peeled off from the hands, and in the space of five or six days the complaint had gone by, and, so far as the hands were concerned, they got quite well. The same appearance took place on the soles of the feet, and went through exactly the same course. The disease altogether, both in the hands and soles of the feet, did not occupy more than a fortnight, and then left the patient quite well.—I had another patient who had a similar affection in the soles of the feet, which I could only call eczema, but which was of a more chronic kind; in fact, in this female the complaint lasted about four years. I first saw her about three-quarters of a year ago; she then showed me the soles of her feet, which exhibited a vesicular appearance; they were partly scabbed, from an encrusted state of the cuticle covering them. On the plantar aspect of the toes, along the borders, there were a number of vesicles, partly containing a watery and partly a somewhat yellow fluid. The soles of the feet and the toes were so tender, that she could not put her feet to the ground without pain. The complaint had then lasted about three years, and she had tried an immense number of applications; every thing of a strong kind, she said, disagreed with her, and did her harm. In the first place, I directed the application of a poultice to the soles, that I might get the parts clean, and see something of their exact state. When the encrustations were removed by the poultice, the soles of the feet and the surface of the toes presented a curious appearance: the cuticle was perforated all over by a number of little openings, not unlike a number of shot holes. These were the openings of a number of vesicles, which had broken and discharged their contents. There was a great quantity of vesicles, containing a transparent or light yellow fluid, and the skin of the parts was of a bright red, highly inflamed. I directed her to apply a number of leeches and some soothing applications to the parts, adopting such internal remedies as this state of things seemed to require, and adhering to the rules of diet. When she put on the leeches the relief was so great that she thought she was cured. However, it soon turned out that she was not so; but she, from time to time, applied leeches and poultices to soften the cuticle; and by taking care of her diet, and paying attention to the state of

her bowels, she, although not well, suffered little compared with what she did before. She moved about the house, bearing the weight of her body upon her feet, and lived in a state of comparative ease and comfort.

SPIRIT OF THE MEDICAL PRESS.

M. GENDRIN'S THEORY OF MENSTRUATION.

THE following extract, from the recent systematic work on Practical Medicine, by M. Gendrin, will explain his views as to the cause or nature of the menstrual function. "The observations, which we have presented to our reader's attention, necessarily lead us to modify very essentially the hitherto received opinions on the subject of generation in women. They tend to establish that, during the whole of that period of life when the capability of conception continues, there is a constantly-successive development of vesicles and ovula in the ovaries,—that, at each epoch of menstruation, a vesicle having reached the surface of the ovary becomes the seat or focus of a peculiar organic action, in which all the organs of generation partake,—and that the result of this action is the rupture of the vesicle and the loss of the non-fecundated ovum, either by ovarian destruction or by uterine expulsion. The recent observations by Valentin,—according so well with, and therefore confirming, our deductions drawn from physiological considerations—have shown that the Graafian vesicles contain or inclose an ovulum, in which are found all the essential parts of a human ovum. As we find at the same time in the ovarium vesicles in various degrees of development, we cannot well doubt that they exist there only during a limited time or period, from their origin to their spontaneous rupture, which takes place whenever their increase and that of the ovulum are completed. This rupture takes place regularly, at stated intervals, by an organic action, one result of which is the menstrual secretion."—Dr. Negrier, professor of midwifery in the Medical School at Angers, has written, we observe, a letter to one of the French periodicals, in which he claims the priority of authorship in respect to the preceding views on menstruation. His words are:—"The researches of M. Gendrin have led him to believe that the menstrual flux is the result of a periodic and regularly-recurring congestion, which takes place every month in the ovaries. This doctrine I have taught in my lectures ever since the year 1830, and I have repeatedly shown to my pupils the successive evolutions of the ovarian vesicles from their earliest development to their final rupture, as well as the condition of the uterus at its different phases."—*Gazette Medicale.—Med. Chi. Rev.*

SEVERE SPASMODIC AFFECTION.

A YOUNG lady, after violent emotion, was suddenly seized with hiccup and convulsive movements of the limbs and face. Five years previously she had laboured under nervous symptoms of a tetanic character. Her health was habitually disordered from indigestion, and her abdomen tumefied.—On the attack of her convulsive symptoms her face became red, the pupils of the eye were contracted, the retina was insensible to the light, and the organ of hearing received no sound. The tongue was parched and red on the edges. The epigastrium and the left iliac fossa were pained on pressure. The hiccup was violent.

During the first eight days various treatment was tried without success. Twelve and fifteen leeches were applied to the epigastric region, at intervals of two days. These were succeeded by cataplasms, embrocations of oil with mor-

phine, calming potions, æther, cotton to the feet enveloped by oilskin, and a blister to the stomach dressed with hydrochlorate of morphine. Opium also in large doses was tried without effect.—The patient grew worse; she was unable to extend herself in bed, and required two persons to support her in a semi-recumbent position, occasionally seeking relief by slightly bending forwards. To the original symptoms were now superadded constant inclination to vomit, and great coldness of the arms and legs.—This gave the idea of a pernicious fever, although it is not easy to discern a reason for such an opinion; it however led to a treatment which gradually eradicated these symptoms, and might have done so more speedily had the treatment been pursued with more vigour than we see in continental practice.—Ten grains of sulphate of quinine, with half a drachm of powder of valerian, were ordered to be given as soon as the patient might appear tranquilized, which seems to be a droll condition. Be this as it may, the seasonable opportunity was thought to present itself—the remedy was administered, slight amendment was experienced; and the doctor, fearing that the quinine might act too potently on the stomach, caused it to be administered in form of enema, under which treatment the patient recovered.—*Gazette Medicale.*

STRICTURE OF THE URETHRA.

DR. CAZENAVE, of Bordeaux, in imitation of the surgeons of olden times, proposes a caustic paste in strictures of cartilaginous texture which are not readily acted upon by the caustic bougie of Sir Everard Home, which, by-the-by, has sent many a brave soul into eternity. Without lending ourselves to the notion that a case of stricture may exist which cannot be cured by the judicious dilatation of a common caoutchouc bougie, if one can be passed into it, we think it right to record any proposal in the shape of a fact, leaving others to judge for themselves as to its merits. A surgeon named Godefroy Grannatti offered to cure Charles IX., of France, by some such paste as the following: blue vitriol, orpiment, roche alum, verdigris, each of which in the proportion of 5j, was to be macerated in vinegar, and incorporated with two ounces of unguent. cerussæ.—Another remedy was a drachm of savine powder, with half an ounce of cerate.—Dr. Cazenave's caustic contains equal parts of nitrate of silver, and a compound of 15½ grammes of white pitch, 8 grammes of wax, and 2 of oil.—Either of these pastes may be introduced into a stricture by means of a *catgut* bougie, whose extremity is impregnated with it. A hollow bougie of larger dimension is to be passed down to the stricture, and the catgut bougie, armed with the paste, is passed along the tube until it reaches the stricture, which it then penetrates. It causes a heat in the part, but we hear nothing of those sloughs in the urethra, which, under the use of the common caustic bougie, have frequently produced alarming retentions of urine. It will be remarked that the nitrate of silver is weakened in this paste, by an equal proportion of fatty and resinous matter. The memoir of Dr. C. is in the *Gazette Medicale.*

SUDDEN DEATH.—An inquest was held at Bigfirs, near Clogher, by Dr. Blackwell, on the body of Mr. Thomas Kean, of Suffolk-street, Dublin, apothecary, who was found dead in his bed on Thursday morning: he was in a delicate state of health for some time previous. Verdict, "Died by the visitation of God."—*Drogheda Journal.*

MIDDLESEX HOSPITAL.

THE annual reunion of the teachers and pupils of this School took place on Thursday week, when Dr. Merriman having been called to the chair, the prizes were severally awarded to the successful competitors.

Anatomy—Mr. Tuson. Prize, Mr. Henry Travers Eales; hon. certificates, Mr. Wm. Craddock, Mr. H. M. Rowdon.—Mr. Shaw. Prize, Mr. W. Craddock; hon. certificates, Mr. H. M. Rowdon, Mr. H. T. Eales.—Mr. Lonsdale. Prize, Mr. H. M. Rowdon; hon. certificates, Mr. W. G. Walker, Mr. Thomas Graham.

Medicine—Dr. Copland. Prizes, Mr. Rogers, Mr. James W. Browne, Mr. F. Forster; hon. certificate, Mr. H. T. Eales.

Surgery—Mr. Mayo. Prizes, Mr. H. T. Eales, Mr. F. R. Spackman, Mr. H. M. Rowdon, Mr. F. Foster, Mr. J. D. Brown.

Midwifery—Mr. North. Prizes, Mr. Rogers, Mr. E. B. Tuson; hon. certificates, Mr. R. Greenhalgh, Mr. James H. Greenhalgh.

Materia Medica—Dr. Macreight. Prizes, Mr. Thos. Graham, Mr. Rising.

Practical Pharmacy—Prize, Mr. F. Foster.

Chemistry—Mr. Everett. First Prize, Mr. C. R. Francis; Second ditto, Mr. F. Berrington.

Forensic Medicine—Dr. Leighton. Prize, Mr. E. B. Tuson; hon. certificate, Mr. F. Foster.

Botany—Mr. Meade. Prize, Mr. A. Tulk.

After the distribution of the prizes, a handsome gold snuff-box, manufactured by Rundell and Bridge, was presented to Dr. Macreight, accompanied by an address on parchment, engrossed in letters of gold. The Doctor, in returning thanks, said that nothing but ill-health would have induced him to retire from the superintendence of a school where he had spent some of the happiest hours of his life.

ST. GEORGE'S HOSPITAL.

THE following were the Prizes delivered on the 4th instant, in the theatre of the school. Sir Charles M. Clarke, Bart., in the chair:—

Clinical Medicine—1st course prize, Mr. Edward Wells; hon. certificates, Mr. R. J. Spitta, Mr. George T. Fincham; 2nd course prize, Mr. George Pollock; hon. certificate, Mr. Thos. K. Chambers.—**Clinical Surgery**—senior prize, Mr. George Bannister; junior prize, Mr. W. C. Nourse.—**Practice of Physic**—prize, Mr. George T. Fincham; hon. certificate, Mr. Edw. Bullock.—**Auscultation**—prize, Mr. Arthur D. White.—**Surgery**—prize, Mr. George Banister; hon. certificate, Mr. Joseph Gillman Barratt.—**Materia Medica**—prize, Mr. George Tranter; hon. certificate, Mr. S. H. Griffith.—**Anatomy**—senior prize, Mr. John Morgan; hon. certificates, Mr. Alfred Lloyd, and Mr. E. J. Henery; junior prize, Mr. W. Drmitt; hon. certificate, Mr. W. Pocock.—**Clinical Midwifery**—prize, Mr. Edmund Johnson; hon. certificate, Mr. J. A. Blagdon.—**Midwifery**—prize, Mr. G. Tranter; hon. certificate, Mr. W. J. Lomax.—**Botany**—prize, Mr. J. S. Baly.

APPOINTMENTS—Mr. George King has been appointed superintending surgeon to the expedition about to leave India for China; and to Mr. Wm. Grahame, assistant-surgeon, has been allotted the post of medical storekeeper.

The Governor and Company of the Apothecaries' Hall having taken proceedings against Mr. Carroll, of Meath-street, for acting illegally as an apothecary, that gentleman has submitted, and paid the usual penalty and costs.—*Dublin Register*.

SKETCH OF MAGENDIE BY AN AMERICAN.

THIS Surgeon's spring course of experimental physiology commenced in the beginning of April. I seldom fail of "assisting" at his murders. At his first lecture, a basket full of live rabbits, a glass receiver full of frogs, two pigeons, an owl, several tortoises, and a pup were the victims ready to lay down their lives for the good of science! His discourse was to explain the functions of the fifth pair of nerves. The facility was very striking with which the professor could cut the nerve at its origin, by introducing a sharp instrument through the cranium, immediately behind and below the eye. M. Magendie drew the attention of the class to several rabbits, in which the fifth pair of nerves had been divided several days before. They were all blind of one eye, a deposition of lymph having taken place in the cornea, from inflammation of the eye always following the operation alluded to, although the eye is by this section deprived of all sensibility. Monsieur M. has not only lost all feeling for the victims he tortures, but he really likes his business. When the animal squeaks a little, the operator grins; when loud screams are uttered, he sometimes laughs outright. The professor has a most mild, gentle, and amiable expression of countenance, and is in the habit of smoothing, fondling, and patting his victim whilst occupied with preliminary remarks; and the rabbit either looks him in the face, "or licks the hand just raised to shed his blood." During another lecture, in demonstrating the functions of the motive and sensitive fibres of the spinal nerves, he laid bare the spinal cord in a young pup, and cut one bundle after another of nerves. The phrenological developments of the professor belie those of physiognomy. His skull is enormously broad between and behind the ears. Living dissection is as effectual a mode of teaching as it is revolting, and in many cases the experiments are unnecessarily cruel, and too frequently reiterated; but so long as the thing is going on, I shall not fail to profit by it, although I never wish to see such experiments repeated.—*Med. Examiner (Philadelphia)*.—Quoted in *Med. Chi. Rev.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 25th April, 1840:—

Epidemic, endemic, and contagious diseases	147
Diseases of the brain, nerves, and senses	165
Diseases of the lungs, and other organs of respiration	274
Diseases of the heart and blood-vessels	19
Diseases of the stomach, liver, and other organs of digestion	57
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c. .	9
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	2
Diseases of uncertain seat	106
Old age, or natural decay	67
Violent deaths	28
Causes not specified	2

Deaths from all causes

888

We regret to say that fever is very prevalent in this town at the present period, though it is fortunately not very malignant. The prevalence of this disease is clearly owing to the filthy state of the town.—*Sligo Champion*.

DEATH FROM AIR IN THE VEINS.

[From a Correspondent.]

THE recent report of Sir Charles Bell to the Edinburgh Royal Society, ascribed the fatal result to the action of the vertebral artery pressing upon the medulla oblongata. This is strange doctrine, and well might Professor Syme express his dissent. In the case of a man who died on the operating-table of the Hotel Dieu, a hissing noise was heard, like the rushing of air into an exhausted receiver; the man instantly fainted, gave two or three convulsive movements, and in a few minutes was a corpse, to the great dismay of Roux the operator and the assembled students. Dr. Mercier the secretary of the Anatomical Society of Paris, who as house-surgeon under Roux assisted on that occasion, has furnished the particulars of the case which I will forward in a few days, but it will suffice for the present to state that on opening the body, air was found in the right side of the heart to the extent of four and a half cubic inches, which quantity may be better understood by conceiving it to fill a square measure, each side of which is about an inch and 65-100ths square. If this air could have found its way out of the heart, it is quite obvious that it would not have remained there, and remaining there as it did without the power of escape, it is equally clear that the functions of the heart were stopped by it, and we need not go a step farther for a solution of the question.

MEATH HOSPITAL, DUBLIN.—An examination of the pupils attending this hospital was held in the lecture-room of the above institution, on Wednesday the 29th instant, by William Stokes, Esq., M.D., &c., on the subject of pulmonary complaints, diseases of the heart, and the use of the stethoscope, when the first premium for superior answering was awarded by him to Mr. Robert S. T. Archer, A.B., son of Alderman C. P. Archer.

MORTALITY IN PRESTON.—No favourable abatement seems yet to have taken place in the unusual degree of mortality which has prevailed in this town for some time past; the deaths continuing to average about ten daily; of the diseases which attack children, measles has been the most rife. A want of the proper means of treatment is considered as the principal cause of this severe mortality.

Dr. Spence has been elected House-Surgeon to the Royal Aberdeen Infirmary, in the room of the late Dr. CROMAR.

The following racy story has been going the round of the country papers. Well may we cry, *What next?*—**CANNIBALS IN PARIS.**—The chief physician of one of the hospitals in Paris having a few days since invited a great number of his medical friends to witness an anatomical demonstration on the liver of one of his patients, who had died, and from its enormous size was an object of great medical interest, first regaled them with a copious and splendid breakfast. The breakfast being over, he sent a servant to the cellar to fetch the liver which he had placed there. In a few minutes the poor fellow returned in a fright and said it was no longer in the cellar. An inquiry took place, from which it appeared that the cook, seeing more guests arrive than he had expected, and thinking that the liver which was in the cellar was that of a calf, dressed it in order to make up the deficiency of his provision. The feelings of the guests at the discovery were not of the most enviable description.

Doctor Evory Kennedy's seven years' Mastership of the Dublin Lying-in-Hospital will expire in November.—*Care Journal*.

TO CORRESPONDENTS.

P. A. S.—*The regulations are so confused, that the men who make them scarcely know their true meaning. A person rejected can, however, go up again in six months.*

MR. BRENNAN.—*The unstamped copies may be obtained of any bookseller in the kingdom. We are obliged by his friendly letter.*

A. B. has our thanks.

J. L.—*We know of no authenticated case in this country, but it might easily be tested upon a dog. The hydrated peroxide may be obtained of any good operative chemist. Palmer of Newgate-street no doubt keeps it. We will send a reply to the latter part of his note by post.*

BORDEAUX.—*Yes. Copy reaching us after Tuesday can never be sure of insertion in the current number, more especially if it be lengthy. A set of our Journal has been packed up for the Institute, and will be forwarded on the first opportunity.*

H., PARIS.—(4 C plus A) plus 4 S. *One packed ready for M. Langier.*

RECEIVED FOR REVIEW.—*A Memoir on Extra-Uterine Gestation, by Dr. Wm. Campbell, of Queen's College, Edinburgh. Longman.—Illustrations of Midwifery, by Dr. Ryan, Parts 6, 7, 8. Baillière.—Portrait of J. A. Paris, M.D. Cantab., F.R.S., Fellow of the College of Physicians. Painted by Charles Skottowe, engraved by Samuel Bellin. Highley, Fleet-street.*

DR. FRANZ again postponed.

J. L.—*He will perhaps oblige us by sending his subscription for any period he may wish. His former subscription is, we believe, just out, but the negligence of a late servant of the 'Medical Times' prevents us from ascertaining the exact date.*

DR. RANKIN will perhaps send us a specimen, when we might judge more correctly. *It is an interesting subject, and might be rendered valuable.*

J. H. may regard any exchanges, whether sets or single copies, as his own.

A STUDENT is thanked for his kind offer. *'It is always gratifying to hear from old friends.'*

W. B. F.—*Why does he not send us a communication?*

Our printer fell into an awful mistake in Velppeau's article, "strong solution of nitrate," where he made the solution three grains to an ounce, instead of a 3ss. We notice this, because many persons may be led into error as it now stands, while others might split their sides with laughter. Another mistake also unhappily slipped in under 'Foreign Hospitals'—"In another part we give a mode of treating," that mode happens to be omitted.

THE ANATOMY OF SUICIDE shall be dissected forthwith.

COUNTRY PRACTITIONERS will oblige us by giving early information of appointments, and other facts and occurrences adapted to a medical newspaper.

OBSERVER.—*Yes. Mr. Forbes Winslow has already published 'Law and Lawyers,' 'Physic and Physicians,' 'The Penny Doctor,' and the 'Harveian Theory.' It only remains for him to complete the collection by one other work—"Quacks and Quackery," to which we might suggest his own portrait would be fitly appended.*

KING'S COLLEGE HOSPITAL is in a sad strait for patients, as well as money. *Broken breeches is a sufficient recommendation for an in-patient. Testimonials have been sent in by the candidates for the post of Accoucheur in ordinary. Sir Charles Aldis and Sir Charles Clark are neck and neck.*

VERITAS.—*The prizes awarded by the University and King's College Medical Schools are deferred for a week. The candidates elected as Associates of King's College on Wednesday last, with the honours and privileges thereunto belonging, were Messrs. W. Musgrave and Davis. The office is considered a very enviable one!*

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THE MEDICAL TIMES.

THE GOVERNMENT THE PATRONS OF THE QUACKS.

A FEW days since, the daily papers, having received their paltry bribe, gave, for some paltry six or eight shillings, publicity and importance to an announcement of the convicted quack and murderer—Morison, which places the question of quackery in a very clear and intelligible shape. The man who has made a mammoth fortune out of the hearts' blood of the illiterate vulgar, whom the puffing hirelings of the press have induced to swallow the universal nostrums, comes forward with all the coolness of a pickpocket, and in accents of offended and indignant virtue, complains of his hard case, saying, "I have paid the government within the last ten years some thirty thousand pounds, and they are bound to support me!" Herein exists another proof of the "rotten state of Denmark." We have bodies of scientific men spending time and money in the pursuit of science, rather for the welfare of humanity than for individual emolument—we have a host of young men of education spending long years of time, and incurring great expense of fees, to obtain the privilege of treating disease in its manifold aspects, according to the accumulated experience of the last four thousand years—and we have a couple of corporations, Rhubarb Hall, and the College of Physicians, possessing the power to prosecute any man—whatever his education or qualifications—who, not being one of their clique, cures, *secundem artem*, any poor wretch who may labour under disease. While this is the case on one hand, at the self-same time we find the government are sharing the profits of empiricism, and pocketing some three or four thousands yearly out of the sale of Morison's murder medicine, and bolstering up a bankrupt Exchequer with the spoils arising from the immolation of the ignorant and the

credulous on the shrine of audacious and unblushing quackery. While the reigning powers of the country continues to authorize quackery, by taking a fee out of the money stolen from each fool, who may be caught by the specious lies of the empirics, well may Morison exclaim, "The government take my money and are bound to protect me." They are in the same boat. The Stamp-Office takes three-halfpence out of each shilling box of pills, and eighteen-pence out of each advertisement, which catches the flat to swallow them. Truly it is a glaring insult to science, for a government to go hand in hand with empiricism, and to share with the illiterate and barefaced quack the blood-money which his crimes produce. But so it is, and while the press prostitutes itself to circulate the specious falsehoods of advertising empirics—the government condescends to share the shame, and the spoils which result from the fraudulent and nefarious compact.

NEW OPERATION FOR VAGINAL CYSTOCELE.—This operation we saw performed at St. Louis, on a casual visit to that hospital. The upper part of the vagina was projected downwards and forwards by a tumour which was discovered to be the bladder. M. Jobert surrounded it by two lines of cauterization by means of the nitrate of silver, thus producing a double longitudinal wound after a few applications of the caustic. When this was effected, the tumour was pushed back, and the excoriated integuments having been refreshed by a scalpel, were brought into contact, and kept so by pins and the twisted suture. An account of this operation we find was the subject of a report to the Academy of Sciences, at its meeting of the 21st of April.

INTERNAL OPHTHALMIA—VITREOUS HUMOUR SUFFUSED WITH BLOOD.—In a recent discussion before the *Société d'Emulation*, M. Rognetta maintained the frequency of this affection in early age, in opposition to other speakers, who seemed disposed to confine it to the advanced periods of life. In a man who died at *La Pitié* of disease, independent of any affection of the eye, who nevertheless had long suffered from slight inflammation of the conjunctiva, and occasional intolerance of light, the vitreous humour appeared red like currant jelly, and all the inner tissues were greatly suffused with blood.—On the dissection of a child who died of tuberculous affection, and had laboured under slight inflammation of the conjunctiva, with intolerance of light, all the inner membranes, and the retina especially, were strongly injected with blood.—These cases, which are by no means solitary ones, should teach us not to place exclusive reliance on topical applications.—*Gazette des Hôpitaux.*

Sir Charles Bell has addressed a note to the *Times*, contradicting the statement, originated by the *Lancet*, that he is about to resign his chair in the University of Edinburgh. The following is the note:—

"SIR,—You will much oblige me if you will contradict, in the fewest words possible, a paragraph in your paper, which represents me as intending to resign my professorship in the University of Edinburgh. I feel it due to my colleagues to express my perfect satisfaction with my position, and to say that I know of no inducement to quit it.—I am, &c.

"CHARLES BELL."

"Burlington Hotel."

A SCENE AT ST. THOMAS'S HOSPITAL.

HAVING seen a notice that those interested in the adjudication of the prize in the Midwifery Class at this school were requested to meet the lecturer in the theatre on Friday last, we attended and found Dr. Cape defending himself from a charge of unfairness in the award. It appeared that the gentleman who was placed second, had objected to the decision, and requested that the examination papers might be submitted to any lecturer or lecturers on midwifery in the kingdom. To this Dr. Cape would not consent. He admitted that the answers of the second candidate proved him to be more deeply read than his opponent, but they also showed that he had not attended *his*, Dr. C.'s, lectures so regularly; and on practical points he was inferior to the successful candidate. He was ready to return the papers of the unsuccessful, but would not give up those of his own pet, nor would he point out the various errors which had placed the second candidate in a defeated position. He would not submit to any appeal from his decision, because it would be unfair to his own nominee. —This was all we could gather from a lengthy address of the worthy Doctor, and this was the only reason he gave for not submitting to so fair a means of clearing himself from a charge so hateful to any man of honourable feeling. Unfair to the successful candidate? How so if the decision was a just one; and if he felt that he was open to correction, how doubly disgraceful to refuse it! We made some inquiry into the questions, and found that with one physiological exception, they were all on practical points. Now Dr. Cape said, that the second candidate's answers proved him to have read more than the first, and yet he was inferior! ergo, Dr. Cape knows more of the practice of midwifery than the united literary talent of the profession.—We always have supported, and always shall support, the weak against the strong. We think the request to throw open the examination papers to any unprejudiced person, was a fair, and a just one, and should have been immediately and gladly acceded to if all was fair.

APOTHECARIES' HALL.—The following gentlemen passed on Thursday, April 30th:—James King Sampson, Hailsham, Sussex; Joseph Appleton, Falmouth; Thomas Bennett, Wimborne, Dorset; James Dutton, Lymington, Hants; John Churchill, Chertsey, Surrey; Henry Wells, Easton, Lincolnshire; Robert Stanser Bowker, Appleby, Devonshire; Thomas Smith, Cockermouth; Charles Henry Carter, Marlborough, Wilts; Roland Williams, Dorgelly; Isaac Cape Cust, Barnard Castle; Thomas Gravely, Cowfold, Essex; Richard Whittall, Kingston, Herefordshire; William Arden, Gresham, Norfolk.

The Surgeons of Limerick have signed a petition to Parliament to abolish that grievous anomaly in the law which requires a professional gentleman to give his attendance gratis at Quarter Sessions as a witness, or fined in £20 for not doing so.—*Clare Journal*.

Notwithstanding the warning given by the fatal occurrence in Aldgate church-yard, where two lives were lost from the unwholesome effluvia of a grave used for the wholesale interment of the poor, there is a similar dangerous and unpleasant nuisance in Bishopsgate church-yard, where a common receptacle is kept open for the interment of paupers. This nuisance, during the warm weather, is very offensive to the inhabitants of that part of Wormwood-street, behind which it is situate, and deserves the interference of the magisterial authorities.—*Globe*.

THE CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.

HOW MR. HUGGLES WENT UP TO THE "HALL,"
AND HOW HE GOT ON THERE.

[Continued from p. 68.]

TIME crawled lazily away with an anxious hour hooked on to his scythe, before any interruption took place to the meditations of the unfortunate expectants in the funking-room. At the expiration of that period, however, a hurried step was heard along the passage, the door was thrown violently open, and a young man, very pale and excited, rushed into the room.

"Well, Young, how have you got on?" asked one of the others, who appeared to know him.

"They have floored me, by G—d!" exclaimed the student, dashing a book he held upon the ground with such force as to send it spinning along the floor to the other end of the apartment.

"You don't mean that!" exclaimed his friend, assuming a most alarmed expression of countenance.

"It's a true bill, as I stand here," answered the other, as he sank into one of the chairs by the fireplace, and commenced rocking it backwards and forwards as he rested his face on his hands.

All who were in the room gazed at him with mingled pity and concern—pity at his rejection, and concern upon their own account, because, previously to his going in, he had appeared extremely well prepared, and had given ready and admirable answers to all queries that the others had addressed to him. Huggles looked and saw two or three tears fall upon the hearth over which he was leaning.

"What are you rejected on?" asked his friend.

"What on? why merely because I could not describe the process of brewing, and the theory of the fermentations!"

"And was that all?" asked another, with some surprise.

"Oh, no, no," he returned rapidly; "they humbugged about upon natural philosophy and botany, and gave me some rubbishing weeds to describe, and a hundred other frivolous and vexatious things. I did not have one question upon Practice of Physic—I did not have one question upon Midwifery, and very little Anatomy; and I got prizes for all three not a fortnight ago. My God, what am I to do?" and he leant his head upon his hand, and began to rock his chair as before.

"Never mind, old fellow," said his friend, laying his hand kindly on his shoulder, "you can try them again, you know."

"Yes, try them again!" he answered, starting up, and walking hurriedly up and down the room; "and how can I afford to stay in London six months longer—as it was I had barely enough money left to pay for my diploma and take me home. Try them again! I think I see myself doing it."

"Well, but you can go down into the country for that time, can't you?"

"And have everybody know that I was rejected! Oh no, I can't quite stand that. D—n their livers!" he continued energetically, as he looked out of the window, and turned up his cuffs, "I should like to have every one of them singly in that court for ten minutes."

"Hush!" said his friend, "they'll hear you."

"And what if they do? what the devil do I care for the whole gang of them—I never mean to show my face here again."

"Oh! come, that's nonsense, Young—you'll think better of it to-morrow."

"I shall do no such thing," was the reply;

"for this has been a sickener. Here have I been at the hospital three years, and scarcely ever missed a day's attendance on the physicians and surgeons; and spent the whole of my time at the bedside, learning what I thought would be of sound use to me in practice; and now I'm rejected because I could'n't answer a lot of foolish questions upon trash that I should have taken a pleasure in forgetting as soon as I had passed."

"Who did you have?"

"I don't know, and I'm sure I don't care. If they think to catch me here again, I hope they may get me, that's all. Thank God, I've passed the College—there is some little consolation in that."

"Then what do you mean to 'do'?" asked the other.

"Oh! go to Spain, or the devil, or anywhere else, to be sure. What's the use of my stopping here I should like to know. Where's my hat?" he added sharply to Sayer, who came in with another summons.

The hat was given to him, and driving it roughly on to his head, hind-side before, he nodded to his friend, and strode out of the room, leaving all its inmates in a state of great concern and uneasiness.

He had not been long gone before the beadle again appeared, and called for Mr. Huggles. The fatal moment had in truth arrived, and he felt his heart in his mouth as he heard his name. Pale as a chlorotic parsnip, he gave a gasp, took a farewell peep at a decomposition in Steggall's Manual, and followed Sayer to the tribunal.

His senses to be sure were a little confused, but by a single trembling glance, he ascertained he was in a large room, lighted with candles, and having a large judiciary sort of table in the centre, with four smaller ones about the apartment, at which certain gentlemen were sitting. This was as near as he could make it out, for everything appeared to be turning round and round.

"Sit down here, sir," said young Sayer, offering a chair at one of the tables.

Huggles mechanically obeyed, and yet in the midst of all his confuscation, could not help remarking that one of the candles had guttered, and that if the gutter had gone an inch lower down, it would have touched the candlestick. When people are worried, what odd ideas about things they are vacantly looking at will obtrude on their thoughts. How many, when in deep trouble, have walked up and down a room, heedless of everything, but the most careful pains to place their foot always on the centre of the carpet pattern; and how many an invalid, during a painful and perhaps fatal illness, has discovered that if the paper-hanger had taken a little more pains, the flowers on the paper would have run in regular diagonal lines along the wall, instead of being broken in two at the join.

The table at which Huggles took his place was about three feet square, and covered with a green cloth, on which were arranged various trays filled with articles from the *Materia Medica*, as sarsapilla, guaiacum, colocynth, columba, cinchona, and the like. There was also a small rack fitted with bottles containing the more important preparations, including the mercuries, arsenic, iodide of potassium, iodine itself, antimony, elaterium, and oxalic acid. Some half dead specimens of digitalis, monordica, elaterium, spartium, nicotiana tabacum, and aconitum, lay on the table, and there were moreover, a book filled with prescriptions, pasted in like a tradesman's invoice book, and one or two decently bound Pharmacopœias. At the side of the table sat a small man with red hair, white neckcloth, and yellow waistcoat;

and at the end an old boy with a troublesome cough had turned his back to address two who were standing near him, one of whom wore spectacles, and the other was about forty, rather good-looking, with light hair inclined to curl.

"Now, sir," said the gentleman with red hair, handing him the prescription book, "perhaps you will have the goodness to translate that," and he pointed one out to him.

Huggles strove to speak, but in vain; his tongue clove to the roof of his mouth, and he felt as though he was choking.

"Don't be flurried," said the examiner; "will you have a little water?"

Huggles bowed in the affirmative, and the other rose and went to a sideboard close at hand, from which he took a water-cruet and a tumbler, and placed them on the table.

Our hero poured some out, and attempted to drink it, in which attempt he succeeded after a few trials, although the tumbler ginkled and chattered against his teeth enough to break it; which noise he allowed to continue, because he thought it might excite compassion.

"Recipe, take," faltered he.

"Very well, sir," said the examiner.

"Liquoræ of—"

"Eh, eh, sir?"

"Liquoris ammoniæ, of liquor ammoniæ, minima decem, ten drops."

"Drops, sir!!" said the grey-headed old man with the troublesome cough, turning round very sharply; "drops, sir!! what do you mean by drops? We've no drops, here."

Huggles shrank with fear, and wished himself inside his own cloth-boots. He took another drink at the water, chattered the tumbler against his teeth as before, and uttered "ten minims," in the humblest and most respectful manner imaginable.

"Very well, sir," reiterated his first examiner. "Recollect there are no such things as drops; minims, sir, minims, in future."

The rest of the prescription was not very difficult, and Huggles contrived to stumble through it, although he was occasionally honoured with various interruptions concerning cases and quantities from the cougher.

As soon as this was over, one of the Pharmacopœias was placed in his hand, and he had to give the decomposition of hydrargyri chloridum, in which he succeeded tolerably well, because everybody makes a point of getting up calomel amongst their first objects of study. After that came some questions in caloric, during the progress of which the testy gentleman with the grey hair asked him, "What temperature water boiled at on the top of Mont Blanc?" and when Huggles confessed his ignorance on that important point, the examiner told him he ought to have known it. Next he had a touch of pentandria digynia, which led to some more plants, including the elaterium and dolichos pruriens.

"How does elaterium act in dropsical affections, sir?"

"It purges, sir," answered Huggles.

"Purges, sir," mimicked the other; "of course it does; how many evacuations should you expect from a quarter of a grain?"

Poor Huggles was taken quite a aback, for as ill luck would have it, he was entirely ignorant on this point. He faintly and doubtfully murmured, "One, sir."

"One!!!" exclaimed the examiner, rising from his seat, and addressing the court, "Gentlemen, I must request your attendance at this table for an instant."

"You have made a sad mistake," said the gentleman in the white cravat, who appeared a good sort of a fellow, "elaterium is a most violent cathartic!" All this was said in an under tone, and did not reach the ears of two

or three of the court, who now gathered round the table like so many birds of ill omen.

"Now, sir," said his original tormentor, looking like oxymel without the honey, "I believe you said you thought a quarter of a grain of elaterium would give one evacuation?"

In this awful moment Huggles's good angel did not forsake him. A bright thought flashed across his mind, as he answered, "Yes, sir; but that evacuation would last from six o'clock in the morning until six o'clock at night, and perhaps longer."

The worshipful court were completely sold, and they returned to their places, leaving the cougher more angry and irritated than ever.

"How do hydrogogues act in dropsy, sir," asked the first examiner.

"By producing watery motions," replied Huggles.

"I suppose you mean they draw the fluid directly from the cavity of the abdomen?" asked the examiner again, trying to catch him.

"No, sir," said Huggles boldly, trusting to Steggall and Providence, "they produce so great a secretion from the intestine, that the want of fluid is felt in the system, and the absorbents set to work to take up that which is in the cavities."

"Very good—very good indeed, sir," said the examiner, looking uncommonly benignant. "Do you know what that is?" he continued, placing a small bottle in his hand.

"That's the dolichos pruriens," returned Huggles.

"What are its properties, sir?"

"Anthelmintic."

"How does it act?"

"Mechanically, I believe."

"Why don't you say it tickles the worms to death?" said No. 2, recovering his temper, and looking round.

"Did you ever put any in your trowsers?"

"No, sir—I can't say that I ever did."

"Then the sooner you do the better," growled the other, "and you won't forget it in a hurry."

Some more queries in practice of physic and physiology were satisfactorily answered, and then the examiner in the light hair came to the table and whispered to the one in the white cravat that his tea was waiting. Accordingly he put a few hurried questions to Huggles about the tests for arsenic, and then to his inexpressible delight told him "he might retire."

He did not need twice bidding, but trotted off to the funking-room like a shot, for fear they might take it into their heads to ask him anything else. When he arrived there, the students were partaking of tea, which was brought up ready made in a kettle, and muffins. Huggles took a cup, and thought it was the most delicious beverage he had ever tasted in his life. So good! and the muffins were so excellent! and the room looked so comfortable! What very different eyes we do see things with according to the state of our minds!

"Oh, it's all as easy as be d—d," said Huggles, in answer to a dozen questions all put at once, as to how he got on. "You've nothing to do but to appear in a horrible funk, and chatter the tumbler against your teeth."

By half-past ten they had all gone in. Only two more were rejected, and they took their hats quietly and walked away. The rest amused themselves by comparing notes, about their examinations, and quarelling whose was the toughest, until about eleven, when they were all called in to receive their diplomas, and separately addressed by the court.

Need I chronicle the yells of triumph and the uproars of applause that greeted Huggles as he rushed up stairs, with his certificate in his hand, to the first-floor room of the public-

house at the corner of Union-street and Water-lane, were all the lads were waiting to receive him, and a great many more, friends of the other party. Need I state, how in his glee Macarthy threw a pint pot out of the window, at the candle on the radish stall below, completely dousing it, as well as the paper bag that shaded it from the wind;—how Okes embraced Huggles by lifting him right off the ground, with his arms round his waist, and whirling him round and round;—how Swubs treated six individuals, consisting of cabmen, labourers, and errand-men from the 'Times' printing-office close at hand, to a go of gin each, and bought up the whole basketfull of trotters which a woman was selling at the bar, for their own especial eating;—and finally, how they all hurrah'd and shrieked until a perfect mob of little boys collected in the street, and hurrah'd too, when four distinct pots of half-and-half were sent out for their gratification.

"Well, and what did you have, Huggy?" said Okes, when the burst of joy had in some degree subsided.

"Oh, a rummy lot of things," was the reply. "I had all the nerves and brain, all the minute anatomy of the pelvis, eversomuch practice of physic, small-pox, asthma, measles, hæmoptysis, pleurisy, and I don't know what besides."

"Is that all?" asked Mac, quaintly.

"I should rayther think not," replied Huggles. "I had all the preparations of mercury, their decompositions, equivalents, doses, affinities, and modes of action—all the process of making sulphuric acid, and precipitated sulphurate of antimony—all the—"

"Any botany?" inquired Okes.

"Yes, an immense deal, and a precious site more than I know."

"How long were you in?" said Mac.

"Two hours and a half, and was complimented by the court afterwards"—and here Mr. Huggles got quite out of breath, and took a long pull at the beer to wash down all he had been giving utterance to.

"And now, boys," said Macarthy "what shall we do?"

"Anything Huggles likes," was the reply.

"I don't care a d—n what it is," replied the hero of the night. "I've got three sovereigns in my pocket, and I mean to spend them like a man; when they're gone, you must pay for yourselves."

"It's almost too early for Evans's," said Swubs, looking at the clock.

"And too late for the theatres," observed Okes.

"I've got it," said Mac. "There's a ball to-night at the Colliscum. Who's game to come?"

"I am"—"and I"—"and I," cried many voices, as they put on their hats.

The vote was carried unanimously—the score was settled, and the whole party crowded down stairs, bawling, crowing, and whistling, to such a degree, that the very printers of the 'St. James's Evening Post,' at the corner of the street, made sure it was an attack of the Chartists, and ran wildly to the editor's room to give him the information.

ROCKET.

CONTAGION OF GLANDERS—COMMUNICATED FROM MAN TO A RABBIT.—M. Leblanc has communicated to the Société d'Émulation a case of chronic glanders, in a rabbit which had been inoculated by purulent matter taken from a man, who had died of acute glanders. The discharge from the right nostril, the ulcers in the nasal cavities, and the tumefaction of the sublingual glands, were very manifest.—*Gazette des Hôpitaux.*

TWELVE DAYS' VISIT TO THE AMPHITHEATRE, HOSPITAL LA CHARITE.

[Continued from p. 68.]

INCOMPLETE PARALYSIS OF BLADDER AND LOWER EXTREMITIES.—**SERUM IN THE SPINAL SHEATH.**—The patient was a woolcarder, in the physicians' ward, aged sixty-six years, who for eight years previously had experienced a difficulty in making water. On turning down the bed-clothes in order to examine the abdomen, we found a considerable circumscribed tumefaction in the left hypogastric region, which was suspected to be a distended bladder, although she said she had passed her urine, and did so continually and freely. Notwithstanding this fact, a catheter was introduced, and an immense quantity of water was drawn off, at first limpid, and at length mixed with an abundant quantity of mucus. It was therefore to be presumed that her frequent and regular discharges of urine arose from an overflowing bladder, which was never completely evacuated. In fact she constantly wetted the sheets, which exhaled a strong urinous odour. She walked with extreme difficulty, as in incomplete paralysis of the lower extremities. Her pulse was excessively small and undulating. The tongue was dry and rough. Her intellects were sound, except that she was obtuse of apprehension. The heart beat with regularity and moderate force.—The mucous part of the urine was found to be very acid on being tested with chemical papers.—Half a grain of strychnine was prescribed to be taken daily; and as the chemist, Pelletier, was anxious to know the effects of chlorate of strychnine, it was combined with ten drops of chlore.—On the third day she seemed slightly improved; her urine had been voided as usual, but the catheter was used every morning, and large quantities were drawn off. Violent uterine hæmorrhage now took place, and although she had been previously subject to this affection, it was suspected to have been occasioned by the strychnine.—On the fourth day a drop of oil of Croton was administered on account of constipation. Her jaw was now firmly locked, which, like the hæmorrhage, was at first ascribed to the strychnine, but on examining the right parotid it was found to be inflamed and painful, which might occasion a reluctance to open the jaw. The obtuseness of her intellect had greatly increased, and she muttered in answer to questions.—The uterine hæmorrhage continued, on which account the strychnine was exchanged for decoction of bark with aq. lauro-ceræ and musk; she soon, however, became lethargic and died.

Dissection.—On opening the spinal sheath it was found distended with fluid during a great portion of its length. There was also a collection of liquid which formed a pouch in the occipito cervical region. The vein which takes a tortuous course up the spinal marrow was injected with liquid blood of venous colour. The spinal marrow itself, instead of being softened as we anticipated, was unusually firm, which enabled us to lay open the central canal through its whole extent. Although the brain was carefully examined, nothing was found, it was quite firm.—The bladder was thickened, and of a dark violet colour, the result of chronic inflammation, over its whole surface. It was greatly distended, and the urine it contained was full of mucus. The ureters were enormously dilated. The kidneys were pale and enlarged, but the cones of the tubular substance preserved their usual redness at the base.—The uterus was examined on account of the hæmorrhages under which she had long laboured. Its body was rounder than usual, and projected upwards, and its

structure was completely changed without any appearance of cancerous affection. The cavity was filled with thick and foetid pultaceous matter. The right fallopian tube was obstructed at its free extremity by adhesions of the omentum, the left was in immediate contact with the ovary, and they were both pervious.

CHOREIC CONVULSIONS.—**SPINAL AFFECTION.**—What are the organic changes which give rise to the symptoms of chorea? Are we still to clothe our ignorance by designating that disease as a nervous affection, and eternally to remain with no other guide for its treatment but blind empiricism?—The subject of this case in the ward St. Joseph, a female forty years of age, reminded me of the designation *folie musculaire* which has been applied to chorea by a French pathologist. When she attempted to grasp any substance the insane gesticulation or convulsion of the muscles could not be observed without extorting an involuntary smile from the assembled students. In like manner when she attempted to walk she seemed to be dancing.

On examining the spine it was found to be acutely sensible in several parts, on pressure. She had been indisposed nearly three months, and was first attacked with shiverings after taking a draught of cold water while in a state of great heat and profuse perspiration. In this state she went to bed and slept, but awoke about midnight with intense headache, which deprived her of farther repose. She arose as usual at six o'clock, but more fatigued than usual, and was very thirsty, to assuage which she drank very copiously of cold water. Her headache was dissipated by coffee. From that period her sleep was much impaired, and although she continued to work at her trade, of putting straw bottoms to chairs, for about three weeks, she was greatly enfeebled and wasted away. Her menstrual discharge was suppressed, pains in the back and shoulders now supervened with a sensation as if ants were creeping over her body. Slight but repeated shocks were felt in the fingers, which symptom is here designated by the term *fremissements*. The pains then invaded the arms and legs, in which state she continued until the end of the sixth week from the drinking of the cold water to which she ascribed all her illness.—The limbs now trembled violently at every part, and acute pain was felt in the loins. She suffered also from almost constant headache, but she was able to walk to the hospital supported by a friend. Previously to her being seen by the physician, twenty leeches were applied to the mastoid processes with evident relief to the head, but since that time her eyes involuntarily shed tears.—Eighteen ounces of blood were taken from the back on the following day by cupping, *by which she was very greatly relieved*. Two days afterwards she was ordered to be cupped again, but she took alarm and left the hospital. The good effect of leeches and the cupping left no doubt in our minds but that a continuance of the treatment would have effected a cure.—Was the seat of this disease in the spine or in the brain? The sensibility of the spine seemed to indicate that part as the source of all the symptoms, but in the clinical instructions on this case it was remarked by the professor, that general convulsions frequently exist as symptoms of cerebral inflammation.

EPULIS.—**EXCISION OF THE ALVEOLAR PROCESS.**—Heister records the death of a patient labouring under epulis, with diseased bone, who could not bear the fire which was thought necessary in those days for its treatment. In that classic age of red-hot iron and the blacksmith's nipper, it was never dreamed that the latter instrument, "gentled" by the mechanic's art, might prove a valuable acquisition in the

removal of diseased bone; yet, in the hands of modern surgeons, it is found in many cases to be superior to the saw.—This patient had, for many years past, been subject to epulis on the margin of the right side of the upper maxillary bone. It had been extirpated five times, and as frequently recurred, so as to raise a presumption that its reproduction depended on disease of the bone. It produced no pain excepting from its situation, which exposed it to the consequences of friction on eating. M. Velpeau employed for its removal the bone-nipper, which was curved at the cutting extremity so as to adapt itself to the alveolar portion to be excised. The tumour and the adjacent bone were both carried off at one sweep, with as much ease as the farrier cuts his horse-shoe nail by the ruder instrument which he employs.

ERYSIPELAS.—**PHLEBITIS.**—On the twelfth and last day of my visit, erysipelas had suddenly broken out in three patients labouring under other complaints, and these cases illustrate three out of the five species in which M. Velpeau thinks it desirable to classify the disease. Phlebitis and angiolitis, or inflamed lymphatics, constitute the other two.—The patient in the bed No. 25, is affected with erysipelas of the surface of the skin. No. 14 is an example of the second species or complication of superficial erysipelas, with a subjacent phlegmonous inflammation. No. 29 is an erysipelatous affection of the subcutaneous cellular tissue. In all the species, including the inflamed veins and lymphatics, the treatment is different, the danger is different, and their characteristics also are different.

The cases of inflamed veins and lymphatics have not yet made their appearance, but as they never fail to occur in the same atmospheric constitution as the other species of erysipelas, M. Velpeau expects them very speedily; and as he emitted some clinical opinions on phlebitis, which are not without importance, it may be well to subjoin them. How is it that no two writers agree as to the description of this disease?—Because it exists in distinct forms. If it attacks the inner coat and secretes pus, which is carried into the circulation, the patient is poisoned, and dies of putrid or purulent fever. A common symptom of this fever is violent shivering.

The external phlebitis is a very different affection, so long as it is confined to the coat, however extensive it may be; but the inflammation sometimes proceeds from the outer to the inner coat, and the transition from one state to the other is marked by the new train of symptoms which characterize the purulent fever.—The distinction must then be made between the external and internal phlebitis, which denomination the professor would willingly have avoided, because these terms have been hitherto applied on the one hand to signify the affection of the veins upon the surface, and on the other those of the substance of a part, whereas here they are to be understood in reference only to the inner and outer coats.—Both affections may arise from the same injury, a puncture or section of a vein, a blow, or even without any known cause.—The inflammation of the external coat is at first marked by local symptoms, great pain and heat affecting the whole course of the vein, above the surface of which are disseminated red patches, differing in intensity of colour, and corresponding with subjacent inflamed and indurated nodosities of various sizes, which are extremely sensible on pressure. The whole circumference of the limb is swollen, but the enlargement in the course of the inflamed vessel is distinguished above the other. Fever at length supervenes. The heat of the skin is acrid, and communicates a pungent sensation to the finger of the surgeon, but the

skin is perspirable.—The indurated parts of the vein at length partially suppurate, but at different periods. I say partial suppuration, for the quantity of discharge is trifling, and still leaves an indurated substance. The cicatrization of the opened abscesses is more rapid than in other phlegmons.—All would be well if the disease would remain in this state, or in other words if it would not pass into the cavity of the vein; hence the treatment of the surgeon ought to be marked with extreme vigour to prevent such an occurrence.—Large numbers of leeches must be immediately applied to the inflamed knots of the vein, fifty at a time, coupled with rigid antiphlogistic treatment. There are two remedies considered by M. Velpeau to be of great efficacy in this case. Copious inunction of the limb with mercurial ointment, and a large blister, in some cases, over the whole limb. I saw once, in this hospital, an immense erysipelatous thigh and leg reduced to its natural size in twenty-four hours by what is here called *vesicatoire monstre*. In fact, the whole anterior part of the thigh was covered.—A lotion of ammoniacal wine (improperly so called, because it is a chloro-ammoniacal solution), is, in some cases, constantly applied over the inflamed surfaces, or the spirits of wine and camphor, somewhat diluted, may be used.—Compression by bandage, from the extremity of the limb upwards, and applied very methodically, has sometimes succeeded. The bandage may be impregnated with refrigerant lotions.—Deep scarifications or incisions in the course of the inflamed vein have been very successful, but many persons would object to have their arms disfigured.—When suppuration has taken place, either wholly or in part, the treatment must be somewhat varied to meet the double indication; but I need not advert to this.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Bulletin de la Société Anatomique, No. 1.—*Bulletin Chirurgical de Laugier*, No. 9.—*Gazette Medicale*.—*Gazette des Hopitaux*.—*L'Esculape*.—*L'Experience*.

Coxalgia.—*Abscess in the Iliac-fossa, proceeding from the Coxo-femoral Articulation*.—The head of the femur, as well as the margin of the cotyloid cavity, was partially destroyed; the pus secreted in the joint made its way towards the iliac fossa, where it formed a perfect pouch. This case is considered deserving of attention, inasmuch as it demonstrates the flux of matter from the joint to the iliac fossa; whereas, in other analogous cases, the concurrence of caries of the ilium had rendered it doubtful whether the disease began in the one or in the other place.

Barbarous Operation for Ankylosis.—*Death*.—The femoro-tibial articulation of a woman was presented to the Society. She had laboured under ankylosis of the knee-joint, the leg being bent upon the thigh. Four months previously to her death, the ankylosis had been violently broken up by M. Louvrier, who is a partisan of this treatment; the operation, however, had no immediate ill effect, excepting a traumatic delirium, of which she recovered, but in the fourth month she was attacked with purulent pleurisy, which carried her off.—*State of the articulation*. The fibrous parts, and the tendons surrounding the articulation, have experienced no laceration. The internal and external lateral ligaments were intact, but had become horizontal. The nerves and blood-vessels of the ham were not affected, but that cavity was found deepened by a partial luxation of the tibia backwards, and was filled by a

cyst of fibrinous blood, which was liquid in the centre. The superior extremity of the tibia rested upon the posterior part of the condyles of the femur, whose surface was there smooth; the posterior crucial ligament was nearly obliterated, and the internal condyle of the femur fractured. Two rough surfaces on the horizontal part of the condyles indicated the points of ankylosis.—We suspect that this case cannot have been fully reported. It is difficult to conceive that no constitutional disturbance should have been produced for a period of nearly four months, with such violence to the joint.

The *Temps* of the 27th of April, contains the following facts concerning this sanguinary mode of operating for ankylosis: "A woman died from it at the Hospital Beaujon. A private patient, operated also by M. Louvrier, was attacked by gangrene, from rupture of the popliteal artery, which required amputation. A woman, operated at *La Charité* last December died at the end of four months. In another woman, operated in the same hospital, the apparatus of M. Louvrier caused a gangrenous eschar, denuding the condyle, and bringing to light a fracture of that part from the violence employed. This woman, who was indignantly removed by her friends from the hospital, afterwards died. About a fortnight since, a patient in the Hotel Dieu died in consequence of the same operation."

Diseased Synovial Membranes of Cartilage.—Some morbid preparations of diseased joints, presented by M. Demeaux, lead to the conclusion, that the articular cartilages possess a synovial membrane, whose existence cannot be demonstrated in the normal state, but is revealed under the influence of disease. In many cases the erosion, and even destruction of the cartilage, or fungous excrescence from it, is the consequence of a previous disease of the synovial envelope. The membrane in this state has been denominated vascular false membrane, beneath which has been found the erosion of the cartilage.—The first preparation presented was the femoro-tibial articulation of an amputated thigh. The leg had for a long time been kept in a state of flexion. On the free portion of the condyles was a membrane very finely injected like an inflamed conjunctive adherent to the adjoining tissues. The cartilage beneath was de-polished, rugous in the centre, yet intact at the circumference: the bone cut into at several points was free from disease.—The second was an elbow-joint amputated for white swelling; a red fungous tissue was found on the external condyle of the humerus and on the radius. The cartilage of the latter was completely destroyed in some parts to various depths, and that of the internal condyle of the humerus de-polished at its centre, and erosion has commenced.—M. Fournet, in a memoir on the pathological results on acute rheumatism, had previously demonstrated the connexion of the morbid appearances in question, with those from inflammations of the serous membranes of the great cavities.

REVIEWS.

Of some of the First General Laws, or Fundamental Doctrines of Medicine and Surgery. Addressed to Students and Junior Practitioners, by T. WILKINSON KING, Lecturer on Comparative Anatomy and Physiology, and on Pathology, at Guy's Hospital. London, 1840. Pp. 30.

FROM the title of this pamphlet, the station of its author, and his statement in the preface that "these reflections have been more or less before me, and variously weighed for years," we opened it with a degree of interest, hoping

to find some useful "general laws," deduced from the accumulated stores of professional lore. In this we have been totally disappointed. The book is a tissue of mere senseless verbiage. Mr. King commences by stating that "it cannot be doubted, that the present merits of medical science are very considerable. The shame of our profession is, however, that but few of its members are well instructed." That this remark is peculiarly applicable to one member of the profession, the work before us is a convincing proof. No well-instructed person would ever have laid such a farrago of insipidity and nonsense before the public.—The following are the "fundamental principles" with which Mr. King wishes to enlighten the ignorant profession:—

"1st. That health consists in a certain natural state and moderated action of the several parts of the animal frame.—2nd. That disease forms a perceptible departure from that healthful state; and, 3rd, That remedies have a power of modifying the disturbance, or assisting the restoration." And this is the result of years of reflection! Parturiunt montes, nascitur ridiculus mus.

The style and the matter are of about equal merit. The pages teem with "compensatory actions," "compensating decline," "compensating office," "healthy preponderance," "correlative activity," "exertions of counterpoising parts," "salutary oscillations of functions," "sanatory fluctuation," "equipoindrance of the functions," "convalescent actions," &c. &c., ad nauseam.—Mr. King thinks his efforts will serve to "vindicate and establish the most just views of the application of remedies, the rules of habit, and the obviation of mischievous causes." He regards his book more favourably than we do. If asked to describe it, we could only do so by reversing the Athanasian Creed, to wit, "and yet there is not one incomprehensible, but three incomprehensibles." We hope the next effusion Mr. King favours us with will reflect more credit on himself and his school.

Portrait of Mr. Lawrence. Engraved by Mr. C. Turner, A.R.A.

A MOST striking likeness of this accomplished Surgeon has been forwarded to us by the artist, Mr. C. Turner, A.R.A. This portrait has been for some time announced, and the excellence of its execution as a work of art, and the fidelity of the likeness, surpasses all expectation. The expression of Mr. Lawrence's countenance is admirably given. We who have so often listened to him, are again in the lecture-room when we look at the engraving—the likeness is so strikingly effective. The very great number of Mr. Lawrence's pupils—and no pupil but must look back with pleasure and gratitude to the hours spent at his surgical lectures—warrants us in the opinion that many a quiet surgery in the country will, ere long, possess this print, which presents the pictured counterpart of one of the most eminent surgeons England has possessed. We may at some future period pass in review the events of Mr. Lawrence's career, and though we might regret that in one instance he may have condescended to coerce the freedom of his intellect in obedience to the dictates of worldly prudence, he must yet be regarded as, next to Astley Cooper, the best surgeon we possess, and as one of those whose names will be handed down to a far distant posterity, in connexion with the history and advancement of surgical science. The likeness, we must again say, is admirable, and every pupil—and they must be thousands—who have gained information from the surgeon it so faithfully portrays, should purchase a copy in token of respect to his teacher, and as a memento of his days of pupilage.

MEETINGS OF SOCIETIES.

KING'S COLLEGE.

THE Annual Court of Proprietors was held on Thursday, April 30th, when an elaborate "Report" was read, giving for the most part a satisfactory account of the progress of the College. There was one item, however, which appeared to create any feeling but that of pleasure; and this was, that although upwards of £9000 had been received for the erection of the hospital, the great outlay required upon repairs and other accommodations had reduced that sum to less than £3000; in consequence of which, further subscriptions were deemed indispensable. The present annual income by eleemosynary contributions averaged no more than £520; whereas, an income of £3,500 had been found necessary to support 120 beds—the number intended to be maintained. Here is a dilemma! Surely the Council have been reckoning without their host!—But the Report presented another point, upon which a word of comment may be bestowed in passing. It appeared that "the Council and Professors, having perceived with regret the growing degeneracy of Medical Pupils—having found "*O miserabile dictu!*" that their dispersion throughout the town in lodgings, without restraint, was a fruitful source of dissipation and vice," had determined "to open chambers adjoining the College, where accommodation might be provided for them under the superintendence of a resident-officer, a clergyman, who might exercise a moral care over them, as well as direct them in their studies!" Whether in this arrangement the Council have really a view to the piety and morals of their pupils, or whether it be a scheme got up for the purpose of raising the wind, at the expense of those most submissive, and certainly not very astute young gentlemen, will, we think, be sufficiently evident. As befits a joint-stock college, it is proposed to raise the necessary funds *by shares of £25 each!*

FOREIGN SOCIETIES.

SOCIÉTÉ ANATOMIQUE, PARIS.

SPONTANEOUS INTESTINAL PERFORATIONS. BETWEEN twenty and thirty years ago, a Mr. Angus of Liverpool very narrowly escaped being hanged, on an unfounded suspicion of poisoning his mistress. She had died of peritoneal inflammation, with softening and rupture of the intestines, consequent to abortion. Several medical men of the town averred, that the morbid appearances could only be accounted for on the supposition of poison, and nothing but the firmness of Dr. Carson in maintaining the existence of spontaneous perforations saved the life of this innocent man. The writer of these remarks, in one of the Reviews of the day, took up the question with all the indignation that the stupidity and temerity of the Liverpool men was calculated to inspire; and among other cases of real spontaneous perforation of the stomach and intestines, adduced an example of puerperal peritoneal inflammation, terminating in softness and rupture of a considerable surface of the ileum, which was the precise case of the mistress of Mr. Angus, and had arisen from the same cause.—The records of the Anatomical Society of Paris for the present year, contain many examples of this spontaneous perforation. In the greater number, the patients were supposed to be in good health, until the rupture of the intestine gave exit to its stercoraceous contents, and produced death. We subjoin several of these cases from a report of the proceedings by Dr. Mercier, the secretary.

1. A young man in perfect health was suddenly seized with inclination to vomit, and pain in the epigastric region. The abdomen was greatly distended, and as a suspicion arose that the distension was serum, a puncture was made which gave issue to greenish yellow stercoraceous matter. After death a small perforation was found near the ileo cæcal valve, with tumefied, rounded, and undermined edges. A second perforation existed below the cæcum.
2. A woman affected with dyspnœa, nausea, and abdominal pains, was suddenly seized with an in-

tense increase of pain, which rapidly terminated in death. Near the pylorus, which was contracted, a perforation existed in the bottom of a large and depressed cicatrix that extended into the stomach. The abdominal cavity was filled with gas and alimentary matter.

3. A patient who entered *La Charité* for bronchitis, was suddenly attacked with peritoneal inflammation, which terminated in almost immediate death. A perforation was found in an intestine, with red and tumefied margins.

4. A drunkard, who nevertheless enjoyed perfect health, took, as was customary with him, half-a-dozen liqueur glasses of brandy before breakfast. After eating, he was attacked with acute pain in the abdomen, with constant inclination to vomit, without bringing anything off the stomach, and he died in twenty-four hours. A perforation was found in the anterior part of the duodenum, in the centre of an old cicatrized ulceration, which had corroded the entire coats of the intestine, leaving only the peritoneum.

5. A medical student labouring under dyspepsia, was recommended by M. Cruveilhier to take magnesian water. He took the remedy as he thought, and was immediately seized with shivering and cold sweats, terminating in death. The pharmacopologist who supplied the beverage was supposed to have given poison by mistake; but it appeared, that having no magnesian solution, he had resorted to a common expedient, and had substituted distilled water. A perforation was found in the centre of an old ulcer of one of the small intestines, as in the preceding case.

6. A woman labouring under typhus fever was attacked on the twenty-fifth day with peritonitis, of which she died. A perforation existed in the centre of a large ulcer of the ileo cæcal valve.

7. A man, who walked to *La Charité* with a letter of admission, appeared to have nothing the matter, but a dulness in answering the questions put to him, but in the evening he died. A perforation was discovered in the œsophagus, with effusion in the left pleura.

8. A distiller accustomed to spirituous potations, was suddenly seized with acute peritonitis, while in good health, and died in twenty-four hours. The ileum was perforated.

The death in these cases, it will be observed, arose from the effusion of stercoraceous matter into the cavity of the abdomen.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

GANGRENE OF THE LOWER EXTREMITY;—AMPUTATION.

P. C., æt. 31, of sanguineous temperament and robust habit, was admitted into the Hospital, Feb. 23, 1840. He states that about four years ago he perceived a small tumour in the right popliteal space, of the size of a pea. For eighteen months he felt no pain, and experienced no inconvenience from it. It had increased considerably in size, and he applied to a medical man, who gave him a liniment to rub in, which did him no good. He then applied to the Western Dispensary, where he was recommended to become an in-patient of the Hospital, which he did not do. It continued enlarging, and there was considerable pulsation; he also suffered severely at intervals with cramp in the foot, and when he ran he almost dropped down with pain. On his return home one evening, after working all day, he found there was profuse hæmorrhage from the ankle, and he consequently obtained admission into the hospital, when it was ascertained that he had ruptured the saphena vein, which was varicose near the external malleolus. After being three weeks in the hospital he was dismissed cured, never having mentioned the tumour, which subsequently continued increasing till the 10th of February, when he suddenly lost the use of the leg, the pulsation ceased, and the foot became cold and numb. A few days afterwards he was admitted into St. George's Hospital, and had hot fomentations applied to the foot, and cold lotion to the tumour. After remaining there a week, he came into the Westminster Hospital. There was then no pulsation in the tumour, which was the size of an egg. The foot was cold

and of an ashy colour; mortification appeared to have commenced. There was much constitutional disturbance. Poultices and fomentations were applied. At length a line of demarcation was formed rather above the middle of the leg; the patient then consented to the limb being amputated, and on Tuesday, March 3rd, Mr. White performed the operation below the knee by the circular method. He found it requisite to dissect away some of the cellular tissue, which was in a sloughy condition. There was some hæmorrhage when the tourniquet was removed, but after waiting a short time these vessels were ligatured. The pulse was low, and he was much exhausted after the operation.—4th. Has slept pretty well, rather feverish; bowels were relieved in the course of the day; there was some spasmodic motion in the stump.—5th. Pulse rather fuller; has perspired much; has not had much sleep.—6th. Has passed a bad night. There have been cold rigors; the pulse is low, and the tongue furred and ash-coloured.—7th. Has had an easy night. There are cold sweats and rigors; pulse 100; tongue rather brown and dry; bowels open. Mr. White dressed the stump, but the adhesive progress had not gone on to any extent.—8th. There has been but little sleep; pulse 120. There is a slight erysipelatous blush extending up the inner side of the thigh. [Our Reporter here breaks off his notes of the case, which terminated fatally.]

A meeting of the licentiate apothecaries of the North Riding of the County of Tipperary has been held at Nenagh, for the purpose of forming an association of their brethren in that district, to devise the best means of procuring a reform in the pharmaceutical affairs, to expose and punish persons illegally practising as apothecaries, and to check further inroads on the profession.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeon Dr. W. Donnelly to the *San Josef*; Assistant-Surgeons W. Crofton to the *Jupiter*; Dr. E. G. Irving, and H. Bent (acting) to the *Britannia*; Surgeon J. Wingate Johnson, M.D., to be Superintendent of the *Asia* convict-ship; Assistant-Surgeon A. Anderson, (b.), to the *Nautilus*.

ARMY.—Deputy-Inspector-General of Hospitals, Sir James Pitcairn, M.D., has proceeded on leave from Cork, Staff-Surgeon Alexander Sinclair has taken charge of the military hospital during his absence; 4th Regiment of Light Dragoon Guards, John Chambers to be Surgeon, vice Monat; 15th Regiment of Light Dragoons, J. Monat, M.D., to be Surgeon, vice Chambers.

CIVIL.—Mr. Stirling to the Thomastown Dispensary; Mr. J. Thompson, to the Innistigue Dispensary.

VACANCIES.—The medical superintendence of the Omagh Fever Hospital.—The offices of Apothecary to Naas gaol, and to the Fever Hospital and Dispensary, in the same town, are vacant. Mr. R. Hayes, of Dublin, is one of the candidates.—The post of Physician to the Ardee Dispensary. "The qualifications required by the Committee are diplomas in medicine, surgery, and midwifery, and a certificate of their skill in compounding medicines. The applications must be lodged on or before Tuesday the 19th of May. No application will be received after that day, and on Tuesday, the 26th of May, the candidates will be required to give their personal attendance at the Dispensary, and to produce their qualifications, as, on that day, the Committee will proceed to elect a Medical Attendant for the Institution."

MEDICAL OBITUARY.

James Leighton, Esq., surgeon, Kirriemuir, oldest son of Mr. Alexander Leighton, farmer, Drumcarn, Lethnot.—On April 24th, Archdeacon Hawksley Leney, M.D., Physician to the Booters-town Dispensary.—Of fungoid tumour of the brain, C. J. Canton, Esq., many years Anatomical Draughtsman to Guy's Hospital, and Illustrator of Sir A. Cooper's works.

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MEDICAL PORTRAITS.

THE ASTLEY COOPER OF AMERICA—
DR. PHYSICK.

THE father of American surgery, Philip Syng Physick, was born in Philadelphia in 1768; his father, Mr. Edmund Physick, was an Englishman, who, previously to the separation of the United States from Great Britain, held the office of Keeper of the Great Seal of the Colony of Pennsylvania, and subsequently to the Revolution took charge of the estates belonging to the Penn family, and served as their confidential agent. Physick's school-boy days present nothing remarkable. In June, 1785, one month after he obtained the degree of bachelor of arts, he commenced the study of medicine, under the superintendence of the late Doctor Adam Kuhn, well known as the pupil of Linnæus, and a most distinguished and successful practitioner, and then professor of the theory and practice of medicine in the university of Pennsylvania. He remained at the university for three years, when, to complete his education, he determined to visit Great Britain, and avail himself of the advantages which were afforded by the great schools and hospitals of London and Edinburgh. He arrived in London in January, 1789, and became a private pupil of John Hunter's. Dr. Physick continued to prosecute his studies with the most exemplary perseverance and industry, under the immediate superintendence of Hunter, throughout the year 1789. On the 1st of January, 1790, he was appointed house-surgeon to St. George's Hospital for one year, which is the usual period of that service in the institution. This appointment he owed exclusively to the patronage and influence of Mr. Hunter.—Dr. Physick was fortunate in obtaining such an appointment so early; no amount of interest would now, after only a year's attendance, procure it. Dr. Randolph believes, and no doubt with justice, that it was during the period of his remaining in St. George's Hospital that Dr. Physick acquired a vast deal of that surgical skill and dexterity which laid the foundation of his subsequent greatness. Dr. Randolph, from whose memoir of Physick, carefully condensed by Dr. Johnson in the last number of the 'Medico-Chirurgical Review,' these particulars are taken, says—

An anecdote frequently related to me by Dr. Physick, connected with his early appointment to St. George's Hospital, I trust I may be pardoned for mentioning here, notwithstanding it has already been promulgated from another source. His success in obtaining this situation caused some slight degree of dissatisfaction on the part of some of the disappointed applicants, who conceived that their claims for the situation were stronger than his. In consequence of this Dr. Physick clearly perceived that they evinced an uncommon share of curiosity respecting the manner in which he discharged his duties, and that they were disposed to scrutinize his actions with the greatest strictness. A short

period after commencing his services, a patient was admitted into the hospital who had had the misfortune to dislocate his shoulder; the head of the humerus was thrown downward, and lodged in the axilla. Fortunately the accident was quite recent. It so happened that at the time the man was admitted the whole class were in attendance at the house. They, of course, were exceedingly anxious to witness the manner in which the reduction would be effected, and Dr. Physick was perfectly well aware that his method of restoring the bone to its natural situation would be subjected to severe criticism. He directed the patient to be seated upon a high chair; he then proceeded to examine the injured shoulder very particularly, and questioned the man as to the manner in which the accident had occurred. Whilst making these inquiries he placed his left-hand in the axilla, and taking hold of the lower end of the humerus with his right-hand, he made all the extension in his power; he then suddenly depressed the elbow of the patient to the side of his body, and in so doing dislodged the head of the bone, which glided instantaneously into the glenoid cavity, very much to his own delight, and doubtless also to the perfect satisfaction of the class.

In January, 1791, after giving up his house-surgery, he received the diploma from the London College of Surgeons, and Mr. Hunter's sense of his merits was evinced in a very decisive manner. He invited him to take up his residence with him, to become an inmate of his house, and to assist him in his professional business; he also held out inducements to him to establish himself permanently in London, and to pursue the practice of his profession in that city. But Physick declined the offer, and merely remained with Hunter till May, when he proceeded to Edinburgh, where, in May, 1792, he obtained the degree of M.D.—He returned to his native country in September, 1792, and commenced the practice of his profession in Philadelphia. His manners and appearance were eminently in his favour. Dr. Randolph tells us that "he was of a medium height; his countenance was noble and expressive; he had a large Roman nose; his mouth was beautifully formed, the lips somewhat thin, and he had a high forehead, and a fine hazel eye, which was keen and penetrating. The expression of his countenance was grave and dignified, yet often inclined to melancholy, more especially when he was engaged in deep thought, or in performing an important and critical operation. Dr. Physick rarely indulged in excessive mirth; he was, however, far from being insensible to playful humour, and on such occasions his countenance would be lighted up by a benign smile, which altered entirely the whole expression of his features. His manners and address were exceedingly dignified, yet polished and affable in the extreme; and when he was engaged in attendance upon a critical case, or in a surgical operation, there was a degree of tenderness, and at the same time a confidence, in his manner, which could not fail to soothe the feelings and allay the fears of the most timid and sensitive.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE SKIN—SMALL-POX AND
COW-POX.

I COME next in order to *pustule*, or pustular diseases of the skin; and here, in the first instance, we come to *small-pox*, *cow-pox*, *chicken-pox*. Now vaccination and inoculation are certainly surgical operations; but I think, if we may borrow a phrase from the nursery, these are the "early lessons" of surgery, and as I have no doubt but you have been initiated into them, I do not mean to describe the mode of proceeding in either vaccination or inoculation. I dare say you are acquainted with the appearance of vaccine vesicles, so that I need not enlarge on that point.—Cow-pox and chicken-pox are considered as belonging to the physician, and are treated of in medical lectures, so that I need not speak of them. It is, however, perhaps necessary for me to refer to the opinions that have been entertained respecting vaccination and inoculation—to the advantages which belong to the former, and the grounds that would lead us to prefer it.—Heretofore it was held that vaccination was a complete and effectual preservative against the occurrence of small-pox; and, in fact, at one time it would have been deemed a very great heresy to have entertained a doubt upon this point. The doctrine was, that the effect of cow-pox under all circumstances, and for any length of time, would protect the individual in whom the true vaccine disease had been produced, from all danger of the variolous disease. Now, I am old enough to remember the publication of Dr. Jenner's work, and the first introduction of vaccination. Some years after it had been introduced, a question was proposed to Dr. Fordyce, (a celebrated physician and lecturer in London, a man of great experience, and considered to have a very sound head,) by some one who met him at a coffee-house that he was in the habit of frequenting—for he was rather fond of port-wine, "Pray, Doctor, give me your real opinion about vaccination; what do you think of it?" The Doctor replied, that he should be very happy to tell the individual his opinion upon it "fifty years hence;" and in point of fact, in speaking upon a question of this sort, it requires a long series of years before we can give any satisfactory answer on the subject. Now it was held, for instance, that the protection which vaccination afforded to the constitution against the small-pox would be as perfect at the end of fifty years as it was at the very commencement of the period. I need not observe to you, that that is a point which could only be observed by experience, so that until the period have elapsed, we cannot tell whether it is to be so or not. I believe I may say the general opinion now is, that the preservative influence of the vaccine disease gradually wears out; at all events we find that the number of instances of failure (if we may so call them)—that is, the number of instances in which small-pox occurs in individuals who have been vaccinated—becomes greater in proportion as the time intervening between the vaccination and the period of attack increases. All that I can say for myself is, that I shall continue to recommend and practise vaccination, although it may not be so effective, so invariable, and so never-failing a preservative against small-pox as it was heretofore considered. I shall do it for these reasons:—*First*. The cow-pox is a mild, and I might almost add, an insignificant complaint. Vaccination is attended with no danger, and hardly with any inconvenience, to the patient on whom it is practised; and that is generally on very young subjects. If, therefore, it should not be an effectual preservative, you may

still adopt it, because there is so little inconvenience and risk attaching to it. *Secondly*. In the great majority of cases, so far as experience goes, it is an effectual preservative against the small-pox. *Thirdly*. In the great majority of those instances in which small-pox occurs after vaccination has been employed, it terminates favourably. So that, for these reasons, I should recommend vaccination to others, and practise it on children of my own.

ECTHYMA.

The term *ecthyma*, gentlemen, designates a pustular eruption, consisting of large pustules with inflamed, bright-red, and indurated bases. They are single, scattered over various parts of the body, not collected together in groups. They seem to form a kind of intermediate link between some other pustules, in which there is a more superficial inflammation of the skin and boils; in which there is a deeper-seated inflammation, with sloughing of the cellular membrane. This form of eruption is sometimes seen mixed with some of the forms of syphilitic eruption, but more commonly it occurs as a consequence of a disturbed state of the digestive organs, or in constitutions that are debilitated either by long-continued disturbance of those organs or by any other causes.

RUPIA.

The affection which has been called *rupia*, is in some measure analogous to *ecthyma*, inasmuch as it occurs either from syphilitic affections or in individuals of debilitated constitution. It is not, however, a pustular disease; in fact, it commences as a vesicular affection; there is a large and flattened vesicle, and the surface occupied by this subsequently forms an ulcer, which is usually of a circular figure. Now *rupia* is classed, by Dr. Bateman, among the vesicular affections of the skin, while, on account of the size of the vesicle, Rayer classes it among the bullæ—the bladders. When the vesicle has ulcerated, the discharge which is produced from the ulcerated part encrusts, and forms a yellow scab upon the surface. When the ulceration increases very rapidly, this scab assumes a peculiar form; for, in proportion as successive crusts are added to the surface of the ulceration, the scab enlarges at the base, in consequence of a fresh kind of deposition taking place. Thus the scab at last assumes a conical shape; the portion which existed originally forming the apex of the cone, and the base being formed by the layer last deposited. This difference has occasioned names to be given to the particular forms, as if they were distinct species—thus there is *rupia simplex* and *rupia prominens*, or that in which this conical projecting scab is formed. I think you seldom see *rupia* except in individuals who have had syphilis; I regard it, therefore, as a syphilitic symptom generally.

IMPETIGO.

The term *impetigo* is given to an affection consisting of clusters of small pustules and inflamed patches of the skin. These are attended with a great deal of redness and itching, acquire a certain magnitude, break and discharge their contents, which form in thin yellow scabs on the surface of the part. These fall off, and leave the surface of the skin which they had previously covered of a bright red colour, itchy and sore, usually cracking or chapping from slight causes. You have a succession of these groups of pustules forming on various parts; and the affection sometimes becomes disseminated nearly over the whole of the surface of the body.—The causes of *impetigo* are, generally speaking, internal; but occasionally this affection is produced by obvious external irritation. Now the affections which take place in the hands of grocers, bricklayers, and washerwomen, are sometimes of this pustular character. Pustules are produced, as you well know, by the immediate local irritation of tartar emetic ointment; and groups of pustules or small boils frequently form from the local irritation of blisters. Pustules, either singly or in groups, are frequently produced by the local irritation of poultices. Thus, when poultices are made of improper materials—as of bread which is sour, or of other substances in an acrid or rancid state—very often considerable inflammation of the skin is pro-

duced by their local use, and a pustular eruption occurs in consequence of it, which is very annoying to the patient, and often tedious to cure.

ACNE.

The term *acne* is employed by later writers on the diseases of the skin, to denote a tubercular inflammation of the skin, proceeding to suppuration, occurring on the forehead, the face, the neck, and the upper part of the chest. This is the affection which the French call *couperosé*. The nosologists have adapted the name to the part in which it appears. Thus the French writers call it *visage couperosé*, just as we speak in common language of having a carbuncled face. In this eruption, then, of *acne*, there is inflammation with tubercular elevations of the skin, which are of a chronic kind. After some time, these proceed to imperfect suppuration. They break, discharge, and then crusts form upon them; the tubercular elevations of the skin subside, leaving, however, marks or eschars. Several of these form, generally single, but sometimes in small groups, on the skin of some part of the face or forehead, more particularly in females; sometimes upon the neck and upon the upper part of the chest, and, unluckily, just so far down as ladies are wont to expose their persons: they seldom extend below the part where the dress begins to cover the neck. Intermixed with these elevations, there is frequently a morbid state of the sebaceous glands: about the face, and the other parts affected with the eruption, you see little black points, which, in fact, are the obstructed orifices of the sebaceous glands of the skin, intermixed with these tubercles of *acne*. Now you have a succession of these tubercles—that is, while some are suppurating and declining, others are forming; and thus they may go on for a series of years, keeping up this unpleasant appearance by their successive production.—In some instances these tubercles do not proceed to suppuration; ordinarily they are chronic in their course—they do not quite suppurate. But in some instances they seem to retain their tubercular character, and form elevated indurations of the skin, disfiguring the countenance excessively.—By the term *acne simplex* is meant the tubercular elevations generally proceeding to suppuration. By the term *acne punctata* are designated those black specks which sometimes appear simply as the result of obstruction of the sebaceous glands; sometimes they lead to inflammation of the follicles connected with them, and to suppuration of the parts.—The term *acne indurata* denotes that form of the affection in which the tubercles do not proceed to suppuration.—*Acne rosacea*, the rose *acne*, is applied to that form of inflammation of the integuments of the nose which occurs in persons who indulge in eating and drinking; in fact, who are free livers. It consists of an inflammation of the integuments of the *alæ nasi*, and of the nose generally. The parts usually assume a bright red colour, become granulated at the margins and surface, and rise into large tubercular elevations, such as have been already described; and these proceed to suppuration, break, and form encrustations. In the first instance, that is, when this appearance first shows itself, the skin of the *alæ nasi* is of a bright red, almost of a fiery red. These constitute what is called a carbuncular nose; and although this is an affection which remains often during the life of the individual, the part assumes the same bright fiery red colour, with a sensation of heat and itching on mere exposure to the fire, or on taking spirits, or any article of food which excites the stomach considerably. At other times the part assumes a more livid hue; and in process of time the neighbouring skin, and this granulated part of the integument, also display a considerable number of livid and almost varicose ramifications of the capillaries. As the cause which produces this effect generally continues to be applied constantly, so the skin of the nose is maintained habitually in this state of inflammation. You have a succession of pustules, which break and encrust, and so they go on from year to year, often considerably thickening the integuments of the nose, and occasioning considerable enlargement of the glandular textures; in fact, there is a considerable augmentation of bulk in the organ generally, which must be chiefly referred to the capil-

laries in the skin enlarging, and thus increasing the glands, and thickening the cellular texture under the skin. Now when this is commenced in early life, and the causes that have produced it have been continually applied for a long series of years, very extraordinary growths are sometimes produced in this affection, constituting lobular appendages, by which the organ is prodigiously increased in magnitude, sometimes with great inconvenience, so far as the passage of air through the nose is concerned, and even interfering with the motions of the lips in the taking of food. In this enlarged state of the integuments of the nose, (and which has sometimes been called carcinomatous enlargement of the nose, or carcinomatous tumour, although there is nothing of cancer in the affection) you may safely employ the knife to extirpate the growth. It is simply enlargement of the sebaceous follicles and integuments. It is an enlargement of parts not important in themselves, and which, if not in a state of active inflammation at the time, may be freely dealt with by operation. I have seen several instances where considerable growths have been thus removed. You must endeavour to carve the nose so as to leave it of a tolerably good shape. The wound thus produced will generally heal favourably, and you rid a person of that which is not only very troublesome but which is a very conspicuous deformity, by such an operation. The affections which constitute what are commonly called *tinea capitis*, *porrigo*, or scald head, are of the pustular kind, but as I shall have occasion to speak of them separately, I shall say nothing about them at present.

LEPRA.

The *scaly* diseases of the skin are referred to three heads. In the first place, that which is called *pityriasis*, which is a very slight scurfy affection of the skin, generally occurring on the head of the new-born infant—the *pityriasis capitis*, or dandruff, a very slight affection. *Lepra* and *psoriasis* are the two other heads. *Lepra* consists generally of circular patches of chronic inflammation of the skin, the borders of which are elevated, tubercular, and red, the centre being comparatively depressed. In those patches, which in the first place appear simply as a thickened inflammation of the skin, the cuticle, after a time, begins to separate in small portions, assuming a scurfy and scaly state, and afterwards scaly encrustations form upon them, sometimes to a very considerable thickness; sometimes they assume a bright shining appearance, at others they are of a dark colour. They generally come upon the knees and legs, and on the elbow and the forearm and arm. These are the common situations, but occasionally they spread extensively over various parts of the body; and there are individuals in whom such leprous patches continue through a considerable part of life; sometimes they are troublesome, being attended with heat, itching, and uneasiness, at other times they are in a comparatively quiet state.

PSORIASIS.

Psoriasis, which is another form of scaly disease, differs from *lepra*, although they approach to each other, and we find it difficult to make out the boundary between them. *Psoriasis*, however, affects the skin in patches of an irregular figure, not circular, but quite irregular. It has not the elevated border of *lepra*. The cuticle becomes thickened, cracks, and goes into a fissured state, and a slight thin kind of encrustation is thus formed upon the surface of the part. This is usually detached, for it does not adhere so firmly as in *lepra*, and it leaves a red and sore state of the integuments under it, a state in which the skin easily fissures or cracks, and in which the ordinary motion of the part forms such cracks, so that you have not simply the common irritated state of the skin with encrustation adhering to it, but also fissures and chaps proceeding to a considerable depth, and producing considerable pain. There is one form of *psoriasis* which cutaneous nosologists call *guttata*. This is first seen in small dots over the skin, seldom exceeding the diameter of two lines; it approaches a good deal to *lepra*, and forms a kind of connecting link between the two affections. Now *psoriasis* seems, in many in-

stances, to be produced by local causes, for it will affect certain parts of the body without extending to others. There is *psoriasis labialis*, in which the state that I have described affects the lips. Then there is *psoriasis præputii*, affecting the prepuce in male subjects. There is also *psoriasis palmaria*, affecting the palms of the hands. This is sometimes extremely troublesome, as it frequently takes place in individuals whose usual occupations are attended with some particular pressure or irritation of the palm of the hand, and thence arises the affection; in other instances, it takes place in persons who do not follow mechanical operations of that kind, and in whom we cannot trace any local causes. The skin, in such instances, becomes inflamed in patches; the thick cuticle cracks and fissures, becomes dry, harsh, and uncomfortable. The cutis under it also cracks, and particles of dirt or other substances finding access, produce considerable uneasiness. This is a form of the affection not uncommonly seen in washerwomen, in consequence of the soap and alkalies which they use; the alkaline substances which they use in cleansing the linen increasing eruptions of this kind.

LICHEN.

The *papular* diseases of the skin consist of elevations of the surface of the skin, which are solid; there is no effusion of lymphatic fluid, nor of pus, but the elevations are either red and inflamed, or of the same colour with the natural skin, and they are particularly distinguished by the very troublesome itching which accompanies them; in fact, itching seems to be the particular modification of pain which accompanies disease affecting immediately the skin itself; and in all those affections in which the proper texture of the cutis vera, or true skin, is engaged, you generally find more or less of that peculiar degree or form of sensation called itching. Those elevations of the skin which constitute papulæ, generally end in resolution, that is, they disappear, they go away entirely, or end in slight desquamation; and sometimes an affection, which is originally papular, may form small vesicles or pustules before it disappears.—You read sometimes of the term *strophulus*, or red gum, as given to an affection of this kind in children, arising from a variety of causes, as dentition, derangement of the digestive organs, and so forth.—The term lichen is given to an eruption of inflamed papulæ occurring in particular parts of the body, or extending more or less generally over the whole surface in young persons or adults, and attended, in many cases, with an almost constant and intolerable itching. The patient itches to such a degree that he scratches the skin with his nails, or rubs it with brushes, or even tears it with combs, to get some relief from the annoyance which the itching produces. This is frequently produced by external heat, and hence it is found to be an affection exceedingly troublesome to those Europeans who have visited tropical countries.—*Lichen tropicus* is the name given to an affection of this kind, which sometimes occurs in persons visiting the East and West Indies; the eruption produced by the heat of those countries is often called the *prickly heat*; it is attended with an itching, the most severe and intolerable that can possibly be conceived.

PRURIGO.

Prurigo, as the name imports, is an eruption attended with excessive itching, for that, in fact, is the meaning of the term, but the papulæ, or pimples, are of the natural colour of the skin; they are not red, as in lichen. They may extend generally over the body, or be confined to a particular part. Sometimes it is milder, sometimes more severe. There are several varieties of this affection. There is *prurigo mitis*, and *prurigo formicans*. It often exists in elderly persons, constituting the *prurigo senilis* of Dr. Willan. Sometimes it affects particular regions of the body, as the anus, for example, constituting *prurigo podicis*; or the entrance of the female organs of generation, when it is called *prurigo pudendi muliebris*.—Now I do not consider it necessary, nor, in fact, would it be attended with any advantage, were I to enter into a lengthened description of the complaints of the

skin that I have just mentioned generally, unless we had an opportunity of pointing them out in patients, and showing their differences; it would be quite tedious to go over all the various species which nosologists have distinguished. You will be immediately aware, that in their essential nature there is no great difference among these, although they are distinguished by different names; in fact, in these various affections of the skin, we see only different modifications and different results or effects of inflammation. We see either the simplest kind of inflammation, consisting merely in vascular distention—efflorescence; or a higher degree, in which there are papular inflammations and elevations of the skin; or a still higher degree, in which there is the formation of vesicles; or a yet more advanced degree, in which there is the formation of pustules; or other kinds of affection, in which there is the formation of scales—the scaly diseases of the skin; but yet the essence of each of these is similar.—Now these inflammations of the skin, like inflammations in other parts of the body, may be acute or chronic—that is, you may have active vascular distention, increased redness, considerable pain, heat, and itching of a part; and you may have sympathetic effects produced on other parts of the economy, corresponding to these—that is, where there are considerable portions of the skin affected, you have excitement of the vascular system and of the digestive organs. In other instances the local affections, and general sympathetic influences, are less considerable; these are chronic affections of the skin.—The causes of these different inflammations of the skin are very various. In a great number of instances we see them produced directly as the immediate effect of local irritants upon the skin. This is evidenced in the pustules and superficial sloughs caused by the application of tartar emetic ointment; by the effect of direct solar heat—*eczema solare*; by the effect of mercury applied to the skin—*eczema mercuriale*; by the groups of pustules seen in ecthyma; by boils and carbuncles; by the effects produced by the irritation of blisters, setons, and various other applications, to the skin; and by the scaly, or pustular, or vesicular affections, which constitute the grocers' itch, or the bricklayers' itch, and the complaints affecting the hands and wrists of washerwomen. In other instances we see that the complaints of the skin are produced by direct applications to the body of some morbid secretion, or of contagion in some shape, as in itch, and in the exanthemata properly so called—that is, measles and scarlet fever, small-pox, cow-pox, and chicken-pox. In other instances affections of the skin are the consequences of poison introduced into the system, as in syphilis; and here you observe that the poison, if we should deem it such, is capable of producing almost all the forms of cutaneous affection; it will produce pimples, tubercles, scaly eruptions, pustules, and ulcerations. In some instances we see affections of the skin obviously produced by disturbance of the digestive organs, as urticaria, or nettle-rash, in various parts of the body; the acne rosacea, certain forms of psoriasis, and various other diseases of the skin, are obviously produced by that cause. Still a greater number of affections of the skin remain, in which we are unable to point out the direct exciting causes; and these must be produced by some internal cause, the exact nature and mode of operation of which are hitherto not accurately ascertained.

GENERAL TREATMENT OF CUTANEOUS DISEASES.

The treatment of acute inflammations of the skin must be like the treatment of acute inflammation situated in any other texture of the body. You must employ antiphlogistic means. Occasionally you find it necessary to take blood by venesection, and in many instances to apply leeches to the affected part; and here I may observe, that you need be under no apprehension of the local effect of the leech bites on the part that is the immediate seat of inflammation. In these cases, the same observations which I made respecting the application of leeches to parts affected with erysipelas, are equally true as regards leech bites in other affections of the skin. With these means you combine the other parts

of antiphlogistic treatment; that is, perhaps, pretty active purging and low diet; at all events, you take care that the patient shall exclude from his diet all stimulating articles, whether of a solid or a liquid kind. In conjunction with these general means, in cases that require that kind of treatment, you employ local measures of a soothing nature, such as are calculated to reduce the inflammation. Hence you apply sometimes cold washes to the inflamed part, such as saturnine lotion; or spirituous lotions with vinegar—two ounces of vinegar to eight ounces of the lotion. This is a form which is sometimes not only calculated to lessen, and thus to check inflammation generally, but also to alleviate the itching, which frequently is very troublesome in these cases. Tepid ablution, fomentations, the general warm bath, or rather, I should say, the tepid bath, are occasionally useful. There are instances in which the cold bath is advantageous; for instance, where the troublesome itching would be aggravated by warm applications. Soft poultices, mild unctuous applications, the ceratum cetacei, elder-flower ointment, or that mild kind of preparation made by perfumers, called cold cream—these are the mild soothing applications which are proper in inflammation of the skin in the active stage, in which it is found necessary to employ antiphlogistic treatment.—In chronic inflammation of the skin you employ a similar kind of treatment in a milder way. It is sometimes advisable to take blood generally even in what we call chronic inflammation of the skin; for we frequently find a state of great plethora keeping up the disease;—and you combine with this the pretty active use of aperient medicines—calomel, the extract of colocynth, and other forms that I have already spoken of. You may occasionally employ leeches to the inflamed parts with advantage even in chronic affections of the skin. More generally, however, you find that in chronic inflammation of the skin, it is sufficient to regulate the digestive organs, and to pay attention to diet. In saying this, I do not mean that you are to purge every patient that has inflammation of the skin actively, or to put every patient upon low diet. It is sufficient to pay attention so as to exclude from the diet exciting or stimulating articles; generally speaking, patients should take fermented liquors sparingly under such circumstances, and a smaller quantity of animal food than what they take in a state of health. They should take what is called light diet—farinaceous articles, with a moderate portion of animal food. In the same way you must pay attention to the bowels. Though patients require sometimes the active exhibition of purgatives, they will usually require only mild alteratives and mild aperients. You will understand, however, that all cases of affection of the skin are by no means to be cured by attention to the state of the digestive organs alone. This is a point that is always of importance to be attended to; it must never be neglected. But there are numerous cases of serious diseases of the skin in which the stomach and digestive organs are in their natural state; and there are many instances in which they continue so throughout the complaint, and yet the diseases of the skin go on in the same way. We are by no means to understand that active purging is always necessary, and that attention to the digestive organs will always cure the disease, and still less will it always be advantageous to employ mercury in such cases; in fact, in chronic inflammation of the skin, when we have regulated the state of the digestive organs, and put the patient on a proper diet, we find it necessary to pay attention to the local treatment of the case, as local means are capable of doing a great deal, particularly in instances where there is much itching and irritation of the skin. I have already mentioned that the application of acetic acid, in the form in which it is found in common vinegar, is sometimes of use. It has been found advantageous to employ this remedy in a stronger form than that in which it exists in common vinegar. Acetic acid in a strong form has been used as an occasional application to the skin where the itching is exceedingly troublesome, or the aromatic vinegar, which is merely the concentrated acid, mixed with about one-half of rose-water. When you employ it in this way, you must have the surface cleansed, and merely dab

it over with the acid. The acetic acid, in its strong form, is capable of acting as a powerful escharotic. Dr. A. T. Thomson has recommended the hydrocyanic or prussic acid, in the proportion of one or two drachms to about eight ounces of emulsion of bitter almonds, or in other forms, to be employed in the same way to the surface of the body, as means of alleviating the troublesome itching. Then, in all cases of chronic cutaneous affections, cleanliness, frequent ablutions, and the employment of the warm bath, are of very great importance. Carefully cleansing the surface is essential, because it affords us the means of examining and applying whatever active substances we may use to the part that is diseased; and the warm bath has the further beneficial effect of maintaining an active state of the capillary circulation in the skin generally. It is thus calculated to correct, in the parts particularly affected, the local excitement which prevails in them. We may say therefore generally, without adverting to particular diseases, that a frequent use of the warm bath is a very powerful auxiliary, whatever other plan of treatment we may deem it advisable to adopt. We find it necessary, when these affections go into a chronic state, to employ means locally which are of an exciting or stimulating character; and thus we are enabled to produce changes in the condition of the skin, in instances where the disease has lasted for some time—where deposition has taken place into the texture of the skin, and where there is an incipient change in the structure of the parts. Thus in the indurated stage of acne, where we can do no good by antiphlogistic treatment, or other means of that kind, the red precipitate ointment, in a mild form, (ten or fifteen grains to half an ounce of lard, made into an ointment,) may be employed advantageously, rubbing it once or twice a day upon the affected parts. Some foreign writers have recommended strongly an ointment containing a considerable proportion of calomel, particularly in scaly affections of the skin. Rayer recommends a scruple of calomel to an ounce and a half of lard, to be rubbed on the part. By this application he says that he has succeeded in arresting various affections, where the application of other means had failed. The oxymuriate of mercury, in solution, is a powerful local application in these cases; and perhaps it is most efficacious when it is used in solution, in conjunction with alcohol. Thus, in eight ounces, there may be two ounces of alcohol; and you may employ from one to two grains of oxymuriate of mercury to the ounce, beginning with the smaller quantity and gradually increasing it, and applying it to the affected parts once or twice a day, or more frequently. This is considered to be the base of a quack medicine which has attained great celebrity, under the name of *Gouland's lotion*. The oxymuriate of mercury is there used in conjunction with emulsion of bitter almonds. The oxymuriate of mercury, dissolved in strong acetic acid, has been found a useful application in some obstinate forms of psoriasis. When psoriasis affects the palm of the hand, it sometimes extends to the nails, which become altered in colour; they split, and become incurved at the end; they assume altogether an unnatural appearance, in consequence of inflammation of the part which produces them; the unhealthy nail separates, and another as bad succeeds it. The oxymuriate of mercury, in the proportion of one, two, or more grains to the ounce of acetic acid, has been employed efficaciously in this form of psoriasis. I have seen it stated, that some cases of psoriasis, affecting the palm of the hand, have been efficaciously treated by the application of concentrated nitric acid to the part. This is only to be employed very carefully. You must first soak the surface, and then, after drying it, you must lightly and superficially apply the acid to the part with a piece of lint wrapped round a probe dipped into the acid. It has been said that the morbid cuticle is thus thrown off, and a healthy skin produced, in consequence of such application. There is a strong local application of this kind occasionally employed by the French, in some obstinate cutaneous diseases, of the immediate effect of which I am not able to speak. It is the nitrate of mercury. It is used in the Hospital Salpetriere, in Paris,

where a great number of cutaneous affections are constantly under treatment. It is made by dissolving a drachm of red precipitate in an ounce of nitric acid, and is to be employed in the way I have just mentioned; that is, superficially, just applied on the surface of the part, unless you want to employ it as an escharotic, to destroy the surface, when of course you may use it more freely, in order to produce a slough of the part. Sulphur, as a local remedy, has been generally considered to possess considerable power in the treatment of diseases of the skin. Thus the natural sulphureous waters in various countries have become celebrated in the treatment of these diseases. The Harrogate waters of this country certainly, in many cases, produce beneficial effects where, perhaps, our regular treatment has failed. The hydro-sulphuret of potash may be employed, dissolved in water, and should be used in solution, in the proportion of one or two drachms to a pint of water, in cases where we cannot give the patient the advantage of the employment of natural sulphureous waters. The sulphur ointment may be employed for the same purpose, and sulphur may be also used in vapour, as in the sulphureous vapour bath. Tar is another remedy that is considered efficacious in diseases of the skin. Frequently tar, with sulphur ointment, are combined together in equal proportions. The citrine ointment is also used. Sometimes tar and citrine ointment are mixed together. We are obliged frequently to alter the applications, as they lose their effect when repeated for a considerable time. The nitrate of silver, either in solution or in substance, is another local application of considerable power.—I should mention to you, with respect to the internal treatment in these cases of chronic cutaneous affections, that occasionally there are obvious signs of disturbance in the stomach from acidity, a defect in the digestive process, under which the internal exhibition of alkalies is of considerable advantage. It is seen occasionally in cases of the acne; it is also seen in cases of psoriasis. Here the liquor potassæ may be given internally, but in rather larger doses than it is commonly employed; a drachm, for instance, and from that to a drachm and a half, three times a day. Dr. Thomson recommends the exhibition of it in emulsion of bitter almonds, as a vehicle, or that it be given in combination with a tonic, such as infusion of cascarrilla. In some cases, particularly of scaly affections of the skin, which have existed for a considerable time, and resisted other means of treatment, arsenic may be employed internally with advantage—the liq. arsenicalis of the London Pharmacopœia being the form generally used. We cannot explain how this acts. We see in some cases, of lepra particularly, that it is beneficial, and hence it is given empirically. I need not observe to you that it is necessary to employ this remedy with caution; that it is capable, when used for a length of time—and these cases do not get well quickly—of producing serious effects on the animal economy. Its exhibition should be carefully watched; you should begin with very small doses, three or four drops two or three times a day, cautiously increased. This remedy, however, internally, and a solution of oxymuriate of mercury in distilled water externally, seem to possess a considerable and peculiar power in certain chronic affections of the skin.—Now there are instances in which in some affections of the skin the patient is debilitated and enfeebled, and in which nothing like antiphlogistic treatment can be properly had recourse to—where we find it necessary, perhaps, to give the patient rather a good diet than otherwise, and to employ tonics, as mineral acids, and vegetable bitters, such as bark and sarsaparilla. In fact, in the treatment of affections of the skin you must be aware that, as in other diseases, you cannot lay down one, two, or three invariable rules; you must direct both the general and local treatment according to the condition of the patient, and the time that you employ them.—In concluding these general remarks on diseases of the skin, I beg again to advert to a point that I have already spoken of—the great advantages, under all circumstances, of attending to keeping the skin clean by the assiduous use of tepid ablutions, or the warm bath.

SPIRIT OF THE MEDICAL PRESS.

NECROSIS.—RESECTION OF NEARLY THE WHOLE TIBIA.—REPRODUCTION OF THE BONE.

THIS case, together with one of *resection of the radius and complete reparation of the bone*, is contained in the *Gazette Medicale*, but as the accounts are obviously defective in some particulars, the original had better be consulted in the *Bulletin* of the Society of Medicine at St. Petersburg, for 1839.—The tibia of the first patient was necrosed to the extent of two inches; the suppuration was exceedingly abundant and fetid, from the gangrenous state of surrounding cellular membrane, and the patient was worn down by intense fever.—A longitudinal incision parallel to the axis of the limb, was followed by a second incision an inch and a half in length, following perpendicularly on the first, below the head of the tibia. The bone thus laid bare was divided by Heine's saw. The same incisions were made at the lower part of the tibia near the inner condyle, and the bone sawed through, after which it became easy to extract the whole of the divided portion, detached as it had been by suppuration from the surrounding parts.—The narrator speaks of an enormous wound having resulted from the operation, which would lead us to infer that the first longitudinal incision extended through the whole length of the tibia, although not expressed so as to be clearly intelligible.—In course of time the resected bone was replaced by a new osseous matter, which gradually assumed the form and texture of the tibia.

MONESIA IN FISSURES OF THE ANUS AND RECTO-VAGINAL FISTULA.

SEVERAL cases of fissures of the anus which resisted the use of lunar caustic and tents for several months, were promptly cured by Dr. Payen, who employed an ointment consisting of extract of monesia, in the proportion of 3j to an ounce of lard. This *pommade* is introduced into the rectum by means of tents smeared with it.

A woman who experienced the usual symptoms of fissures in the anus, also felt sympathetic pains in the epigastrium, loins, sacrum, and buttocks. As these were suspected to arise from hemorrhoids, leeches were applied, but without effect. Baths and friction were then employed, with no better success. On examining the rectum by drawing down the mucous membrane, two fissures were discovered, four or five lines in length and a line in breadth. They were sprinkled with the powdered extract of monesia, and the ointment was introduced into the rectum by means of a tent, which effected a cure of one of the ulcers in twelve days, and the other in twenty.

Recto-vaginal fistula.—A woman delivered of a child by the forceps, immediately afterwards passed a portion of her fæces through the vagina, and a longitudinal recto-vaginal opening was found whose shortest diameter was about that of a sixpence. The surfaces of the opening were pale, soft, and very painful. Injections with the tincture of monesia, diluted with water, together with the application of the powdered extract, produced marked benefit. The excrements soon directed their course into their natural channel, but injections and flatus escaped through the opening for some time, and at length the cure was complete.—*Gazette Medicale*.

TREATMENT OF DEFORMITIES BY SUBCUTANEOUS SECTION OF MUSCLES.

THE *Gazette Medicale* contains a memoir by M. Jules Guerin, on subcutaneous wounds, which should be read by all who desire to

obtain information on this interesting subject. We have no space for its analysis, but will briefly notice his *Second Series of Experiments on Man*.—These experiments are in fact the operations of M. Guerin, for the removal of deformities. At the time of presenting this memoir to the Academy he had performed only sixteen sections of the muscles of the back and vertebral column, the trapezium, the rhomboidal, the angularis scapulae, the sacro-lumbar, and the long dorsal, but since that period he has performed the same operation fifty times with equal success.—In each case sections were made from eight to ten centimeters in extent, and frequently at a depth of from four to five in the sacro-lumbar and long dorsal muscles.—In all of them he divided muscles, aponeuroses, tendinous sheaths, vessels, and nerves, and has ascertained that when the incised surfaces are not in contact with the air, no inflammatory action takes place, and the parts immediately heal.—The only operation which seemed to be an exception to the usual success, was the section of the whole of the muscles of the vertebral column, where he had made two openings of the skin larger than usual, in consequence of which a quantity of air being introduced into the wound, filtered through the cellular sheaths. Since that period he makes but one extremely small opening, taking care to expel any air that may have introduced itself, and also not to evacuate the blood, in order that no empty space may be left between the divided muscles and the lips of the wound.

ALARMING POSITION OF MANY SCHOOL ROOMS.

In a previous part of this work, I have stated, that over some depositories for the dead, children of both sexes are educated. In some instances indeed, school rooms have been erected or employed immediately over the emanations given off by human putrescency, and in others, the spot chosen for the purposes of education is in the immediate vicinity of such emanations. This hazardous exposure of the susceptibilities of youth to malarious influence must be the result of ignorance or thoughtlessness on the part of those who have projected so unwise and dangerous a measure. It cannot for one moment be imagined, that the benevolent feeling which prompted the desire to promote the moral improvement of the young, would, intentionally, be instrumental in exposing them to influences that must inevitably deteriorate their general health and bodily vigour. I venture to anticipate that the mere allusion to the circumstance will be sufficient either to occasion the removal of these places of instruction, or that the causes, operating to render them so highly objectionable and destructive, will be annihilated. Children, the miniatures of an enlarged existence, are a valuable property of the empire;—remotely they may contribute to its power or resources—to its strength or its weakness.—*Gatherings from Grave Yards*, by G. A. Walker, Surgeon.

NECESSITY OF SUPERINTENDING BURIAL GROUNDS.

I AM fully convinced, after the most mature reflection, that all the evils apprehended by the French executive, from the then prevailing custom of interment throughout France, may in an increased ratio be anticipated in this country,—for until very lately the burial places of the metropolis and of the provinces have been under no superintendence. Public bodies or private individuals have been at liberty to allot grounds or to choose depositories for the reception of the dead, without limitation as to number, without controul as to locality, or the disposition of the charge with which they were

intrusted; and it is proved that private individuals have availed themselves to an alarming and most injurious extent of the ignorance or poverty of survivors. I have shown that in many places more bodies have been received than could possibly be interred without a brutal and indecent dispossession of previous occupants, and that the surrounding neighbourhoods must necessarily be endangered from the continuous emanations given off from vaults and grave-yards, in which piles of bodies confined within their slender habitations are in some instances methodically, and in others parsimoniously, arranged.—*Ibid*.

SALARIES OF THE MEDICAL OFFICERS OF THE DUBLIN PRISONS.—The attack has commenced upon these gentlemen, and, no doubt, will be prosecuted with the vigour which characterizes all attempts at plundering medical men. At the meeting of the grand jury, on Monday, a juror suggested that Dr. Harty's salary be reduced £50 on the half year: "he thought £300 a year ample remuneration for medical services." It never entered into this economical gentleman's head to inquire what the amount of those services might be; as they were medical, of course £300 a year was ample remuneration for them. Mr. Callaghan said, "it is outrageously monstrous that this gentleman should get £400, I should be for reducing to £200; we have seen equally respectable persons undertake just as laborious duties, under the poor-law act, for £60 a year." In short, the general opinion was unanimous that the salary was monstrous, and the passing of the presentment was accordingly postponed.—We believe Dr. Harty was one of those most violently opposed to union of the medical profession, and to such a reform of its manifold abuses as might enable its members to make head against their numerous enemies, from without, and from within. We regret he is now likely to feel the fruits of his opposition to those who have the best interests of the profession at heart; and we regret it the more, as we know him to be a most conscientious and competent public officer, and that his services are far from being overpaid by £400 a year.—The moral we would draw from this matter is that which has been our constant cry through evil report and through good report. Let medical men associate—let them form for themselves a centre, a head, and hands, and a purse. Ten shillings a year subscribed to the Medical Association of Ireland, by one-half of the practitioners of the country, would furnish the means of effectually resisting such attempts as those now in, we fear, successful progress against the officers of the Dublin Prisons.—*Dublin Medical Press*.

MEETING OF THE MEDICAL PRACTITIONERS OF ULSTER.—Last week a public meeting of medical gentlemen, physicians, and surgeons, opposed to the tyranny of the Apothecaries' Hall, was held to take into consideration the best means of resisting the steps which have been taken, by the Hall, to prevent non-licentiates from dispensing drugs. The attendance was pretty large, and many had come from a considerable distance to attend the meeting; the oppressive nature of the proceedings taken by the Hall having excited general indignation in the profession. Resolutions condemnatory of the ridiculous and unjust proceedings of the Dublin Apothecaries' Hall were agreed to, as also others, expressive of a determination to resist the oppression. A subscription was entered into to defray the expenses of the resistance. [We trust that our Irish brethren will not flag in their exertions for a full and fair measure of Medical Reform.]

LONDON UNIVERSITY COLLEGE.

ON Friday, May 1, the annual distribution of Prizes in the Medical Faculty took place. Sir Stephen Lushington in the chair:—

Surgery—Gold medal and first certificate to Mr. Henry Beaumont, of Huddersfield. *Obstetric Medicine*—Gold medal and first certificate to Mr. Henry S. Taylor, Guildford. *Anatomy*—Gold medal and first certificate, Mr. J. C. Bucknill. *Chemistry*—Gold medal and first certificate, Mr. E. Ballard. *Anatomy and Physiology*—Gold medal and first certificate, Mr. T. H. Kelson. *Comparative Anatomy*—Gold medal and certificate to Mr. Richard Quain, of Mallow. *Materia Medica*—Gold medal and first certificate, Mr. W. Preston. *Practice of Medicine*—Gold medal and first certificate, Mr. Thos. P. Matthew. Fellows' clinical gold medals, to Mr. C. B. Sewell, and Mr. Henry Figgins. Silver medals and certificates were also awarded in the respective classes to Messrs. Robert Dendy, J. C. Bucknill, T. P. Matthew, Arthur Hadwen, James Harrison, Edmund Haikes, Richard Tudor, Alfred B. Garrod, John Topham, Edward Ballard, William Preston, Francis Buckell, John Marshall, Thomas Leonard, William Whitehouse, and Henry Long Jacob.

ST. BARTHOLOMEW'S HOSPITAL PRIZES.

Materia Medica—1st prize, Mr. J. R. Scott; 2nd, Mr. G. M. Humphry. *Clinical Medicine*—Prize, Mr. R. S. Wise. *Chemistry*—1st prize, Mr. G. M. Humphry; 2nd, Mr. E. O. Hocken; 3rd, Mr. S. R. Scott; 4th, Mr. T. J. Austin. *Medicine*—1st prize, Mr. J. R. Brush; 2nd, Mr. R. S. Wise; hon. certificates, Messrs. W. Hall, and E. O. Hocken. *Surgery*—1st prize, Mr. Edward Goodeve; 2nd, Mr. R. S. Wise; 3rd, Mr. Fred. Bliss; hon. certificates, Messrs. W. Alexander, E. O. Hocken, and J. E. Whale. *Anatomy*—(Senior class,) 1st prize, Mr. W. Alexander; 2nd, Mr. W. Hall; hon. certificates, Mr. J. E. Whale, Mr. R. L. Baker; (junior class,) prize, Mr. G. M. Humphry; hon. certificates, Messrs. E. D. Hocken, R. L. Haynes, and Thomas Coates. *Midwifery*—1st prize, Mr. E. O. Hocken; 2nd, Mr. J. R. Brush; hon. certificates, Messrs. J. E. Whale, A. J. Burmester, T. Jones, A. C. Brownless. *Forensic Medicine*—Prize, Mr. J. R. Brush; hon. certificates, Messrs. W. Alexander, and R. S. Wise. *Botany*—Prize, Mr. J. W. Turner; hon. certificate, Mr. J. E. Whale.

GLASGOW PRIZES.

Anatomy—For the best Essay on Respiration, William Connor, Ireland. The subject proposed for the best Essay next year is the question—*Is the Blood alive, and if alive, is it the Life?* *Chemistry*—I. For the best account of the Chemical Nature of the Blood, Alexander Lindsay, Glasgow. II. For eminent ability displayed at the regular Examinations of the Class throughout the Session, 1. Joseph Brown, county Tyrone, Ireland; 2. James Anderson Nisbet, Glasgow; 3. Robert Hastings, Donegal, Ireland. *Materia Medica*—I. For eminent ability displayed at the Ordinary Examinations of the Class throughout the Session, (senior division,) Hugh Gamble, M.D., county Down, Ireland; (junior division,) 1. Hill Sloane, county Down, Ireland, 2. Thomas Humphrey, Anglesea, Chas. Hill, county Antrim, Ireland, equal. II. For the best Essay on the Action of Medicines injected into the Blood-vessels, Hill Sloane, county Down, Ireland. III. For the best Essay on Counter-poisons, David M'Kinlay, Glasgow.—Subject for next year's Essay—*The Nature and Effects of Condiments*. Time of Delivery, 15th March, 1841.

TO CORRESPONDENTS.

J. H.—The Twelve Days Visit attracted much commendation.

ENQUIRER.—Yes.—A course of Summer Surgical Lectures, recognised by all the Medical Boards, is delivered by Mr. Dermott.—The pupils are truly few and far between. The whole of the London Medical Schools last session had one-third less pupils than the average number.

MR. TOWNSEND, TIPPERARY.—If our offer does not meet his views, we can only regret it. We give and take the stipulated terms and time.

HOMOPATHY AND GRINDING must make an odd medley. An infinitesimal dose of knowledge is all he has capacity for, but he may have an allopathic quantum of stupidity, or something worse. We may return to this.

THE "EAR QUACKERY" AND LORD WILLIAM RUSSELL.—Mr. Murdo Young has again lent himself to advance this nefarious quackery, and has once more sold the editorial columns of the Sun to aid the purposes of empiricism. In allusion to the boasted 'operation,' performed by these quacks, we may find room for the following, which may also be interesting from its reference to a recent lamentable occurrence.

"TO THE EDITOR OF THE MEDICAL TIMES,—The following fact, personally communicated to the writer of the annexed anecdote by the late Lord W. Russell, will probably be deemed worthy of notice in your interesting Journal.—Dreadful as is the death of the late Lord William Russell, by the murderous weapon of the assassin, a more painful, and scarcely less horrifying catastrophe had well-nigh put a period to his existence, on a recent visit to the Continent. Experiencing great inconvenience from very defective hearing, and being at Paris when the method of occasionally curing that infirmity, by passing an instrument through the nostrils, and forcibly pushing it into the mouth of the tube or passage of the ear, that terminates at the inside of the throat, Lord William was prevailed upon, but not without great fear and reluctance, to submit to the operation, on the assurance that it would infallibly secure an immediate restoration of the impaired sense. So far, however, was the process from accomplishing its object in the easy and effectual way predicted, that his lordship described the sufferings consequent on its performance, by one of the most skilful of its advocates, 'to have been in the greatest degree excruciating—that symptoms threatening momentary suffocation ensued, and continued for several days, exciting severe pain, and placing his very life in the utmost peril, and what was worse, without affording the smallest relief! In addition to many of a similar and even worse description on record, is not the above case sufficient to refute the alleged wild and boasted efficacy of the practice pursued by Dr. Turnbull and Co.?'—We may remind our correspondent that the records of the Coroner's Court should be searched, to learn the result of "Dr." Turnbull's treatment.

MR. R. MOORE.—The present number will afford the information he requires.

MEDICULUS, MANCHESTER.—We cannot but agree with him, that there is an appearance of great neglect in the case reported in the Manchester Chronicle of "Death from Hemorrhage from the nose, caused by a blow received during card-playing at a public-house in Rochdale." It would, however, be unfair to condemn a medical man upon the ex-parte statement of a newspaper reporter, particularly as the newspaper versions of medical affairs are generally so ludicrously ignorant.

RECEIVED—Philomathicus.

DELTA may use his own discretion, in which we feel much confidence.

VJS—IVS.—Thanks for the hints, which shall be acted upon next week. The packet did not come to hand till after six o'clock, when the Journal was made up. If it is certain, space and hands shall wait the post for it. Arrears shall be fully brought up in our next.

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THE MEDICAL TIMES.

THE POOR UNIVERSITY OF LONDON.

THE real condition of this institution has been made sadly evident by a debate in the Committee of Supply in the House of Commons. The joint-stock nature of its origin is working out its natural ill effects. An university was manifestly required to meet the educational wants of the largest and chief city of the civilized world, but to be worthy of that city, and of the country of which it is the capital, it should have been founded upon the broadest and most enlightened views, acknowledging one principle and holding one course. A pure republic of talent, high in its intentions and purposes, it should never have been prostituted to the purposes of political party, or dragged through the mire of mercenary manoeuvre.—In weighing its position, however, it is but justice to recollect that the interests of the old Universities—with the weight of full purses and long rent-rolls—was arrayed against those who attempted the establishment of a Metropolitan University, and that in an evil hour it was determined to effect the establishment of a London University by a Joint-stock Company!! Hence the Gower Street "London University," since shorn of its grander title, and now styled University College. Hence the Joint-stock "King's College," in the Strand, got up by an opposite political party, and conducted as a snivelling imitation of Oxford and Cambridge—with all the bigotry and intolerance, all the paltry pretence and would-be exclusiveness which the venerable character of the old institutions can scarcely palliate, without a shadow of their sounder qualities: the cap and gown without the learning; a sort of big boys' school, from which the pupils wander in the garb of the institution, they ridiculously imitate—like Bartlemy heroes, or butter-boy imitations of gentility. From these joint-stock parents

what offspring have we got? The LONDON UNIVERSITY, which has a Royal Charter and a second-floor in Somerset House—an aristocratic constitution, and lodgings 'on the two-pair back.' Its council appointed by the minister, its examiners virtually appointed by the minister, its secretary virtually appointed by the minister—in fact, as completely an exclusive coterie as any of the colleges inveighed so bitterly against as 'exclusive institutions.' No republic of letters or of talent, but a hybrid half stock-job, and half aristocrat. Without the principles which would have rendered their poverty an honourable claim to public assistance, they stand before the Parliament in all the paraphernalia of office—classical examiners with large salaries without candidates for examination, medical examiners offering diplomas after severe examinations, which will not entitle their holders to practise, or guard them from the ogres of Rhubarb Hall—asking leave to take turn with the other vampires who suck the public purse; most fitly taking place in the rear of the "convict hulk establishment," "captured negroes," and "refuge for the destitute." We give the particulars of this barefaced application for public charity from the Times of May 9. If the House had recognised the "loan," all the bubble companies—all the Steam Balloon and Patent Washing Companies might have pleaded the London University as a reason for dipping their fingers into the public treasury.

On the vote of 5,418*l.* for the University of London,—MR. S. O'BRIEN put a question, the purport of which we did not hear, respecting the remuneration to the examiners.—MR. GOULBURN said the examiners at Cambridge received only 20*l.*, and he thought that the remuneration of 200*l.* and 250*l.* a year for examiners at the London University was extremely large.—MR. LABOUCHERE said, the examiners at the London University were placed in different circumstances from those of the ancient Universities of Oxford and Cambridge. The right hon. gentleman must recollect what persons were selected to be examiners at Oxford and Cambridge—tutors and fellows who had contingent advantages.—MR. GOULBURN said, it was considered an erroneous principle that tutors should be examiners, who were, on the contrary, selected from eminent young men, who had had nothing to do with the instruction of the examined. He was satisfied that many eminent men in the medical profession might be engaged, who would be examiners at a less rate than it was proposed to give.—MR. PRYME said that many of the examiners at Cambridge were resident fellows, and being so, they thought it worth their while to walk a hundred yards from their own rooms for a small sum; but they would not do so if they had to come up to London.—MR. WARBURTON thought, that as regarded the total amount, the sum was not objectionable, though the different items might be canvassed. He could not defend all the items. He thought 250*l.* was too much for a medical examiner, when there were so many medical schools in London. Perhaps this large amount might have arisen from the professors being self-nominated. He had no doubt that 100*l.* a year would be a sufficient remuneration for a medical examiner.—MR. S. O'BRIEN objected to remunerations being given to examiners which were larger than the salaries of professors in the Scotch Universities.—LORD SANDON inquired what length of time was devoted to the examination?—MR. WARBURTON replied, that the medical examination lasted two months, or perhaps three. The allowance of 200*l.* to the classical and mathematical examiners he thought not excessive.—MR. GODSON

remarked, that the fees from graduates in arts were estimated at only 170*l.*, while the salaries of the examiners in arts would be 1,000*l.* The number of pupils who paid that amount of fees could hardly be more than fifty. Altogether, twenty-five examiners would receive 3,340*l.* for examining probably not more than 100 candidates for degrees.—MR. WAKLEY said, that the entire proceedings of the University appeared to him to be very objectionable, and had given offence to a great many persons. The institution was entirely in the hands of the Minister, its senate being named by the Minister. Was that a way to encourage merit? Was that befitting the liberal times in which we lived? (A laugh.) Why, Oxford and Cambridge were complete republics of literature compared with the University of London. The fees to arise from bachelors of medicine he saw was estimated at only 125*l.* Why was this? Because it was found that the institution had no goods of any value to sell, no honours or privileges worth having to give away. Yet for the support of it they were now called on to vote nearly 6,000*l.* He did not like to say that the scheme had turned out a humbug, for that was an offensive word, nor that it was a fraud, for that would be still more offensive, but, in point of fact, many people believed that it had been both the one and other, and he must say that his own opinion were very much in accordance with those which such persons entertained. (A laugh.) He fully believed, that the noble who appointed the senate intended to appoint men of talent and integrity, but noble lords in office were in the habit of turning a deaf ear to the applications of persons who did not support them in politics. It seemed quite clear that men had been chosen who did not possess the confidence of the public. The senate had first of all appointed themselves to be examiners, and had then named the sum which they were to receive for their services. He believed the recompense was greater than the benefit the public could ever expect to receive from their labours. One most objectionable feature in the institution was the preference which was given to particular schools in sending candidates for degrees. Unless the proceedings of the University were entirely changed before next session, he should feel it his duty to call on the house to repudiate the institution altogether.—MR. WARBURTON hoped that by the next session the hon. member for Finsbury would see his views as to the propriety of opening the institution to all schools fully carried out. With respect to the small number of graduates, he would only remark that this was but the first year of the system, and that it could not be expected, after the Dissenters had been so long excluded from degrees, that they could come forward all at once to be examined without preparation. One reason for the small number of medical degrees was, that the examination had been made very strict.—MR. HUME said he had very serious doubts as to the propriety of sanctioning the present vote without fuller information as to the accounts of the institution. He could not approve of the senate appointing themselves examiners, and was of opinion that the salaries were a great deal too high.—The CHANCELLOR of the EXCHEQUER had no objection to postpone the vote. He trusted that any examination into the affairs of the institution would redound to its credit.—MR. HUME suggested the propriety of calling for a report from the senate, and that they should state in it the names of the examiners, and the salaries which they received.—MR. WARBURTON wanted to know what report could be drawn up by the senate? If his hon. friend would ask for the minutes of their proceedings from the beginning, he would obtain all the information which he wanted. A report might not be so easily made as the hon. member seemed to think, as there might be a great diversity of opinion among the members of the senate.—MR. GOULBURN thought that the subject would be overlaid if the minutes were produced.—MR. WAKLEY objected to any report from the senate, as they would not make a report which was unfavourable to themselves. On the contrary, every thing that was objectionable would be most carefully and scrupulously concealed. But the minutes

would give all the information which could be desired, and he hoped that the Chancellor of the Exchequer would not object to the production of the proceedings of this new and liberal University.—The CHANCELLOR of the EXCHEQUER certainly was not prepared to lay the minutes on the table of the house. He was ready to give the names of the parties who examined, and the appointments which they held, as well as the number of the persons examined. After some further conversation, MR. GODSON suggested that not only the names of the examiners and the number of persons examined should be given, but also the number of days and hours during which the examination was held. He believed that some of the examiners had never been engaged one hour. After some further conversation, the vote was withdrawn.

PROJECTED COUNTY INFIRMARY AT AYR.—It has been deemed expedient and proper that an inquiry should be made whether means can or cannot be raised to erect an infirmary or hospital, for the relief of the poor, and those suffering from accident or disease. It is thought possible to raise a fund of £1,000, and afterwards £500 or £700 yearly by voluntary subscription. One gentleman, Mr. Hamilton of Hullerhirst, the moment he saw the advertisement, communicated his readiness to aid the project by a subscription of £50. The Barracks have been named as a fitting place for a hospital, and had been inspected by a medical gentleman, who had found them perfectly adequate. The meeting agreeing in the necessity of such an establishment, Mr. Campbell's motion was put in these terms—"That a Committee be appointed to inquire into the best means of carrying into effect the erection of one infirmary or more." Seconded by Mr. Hamilton, and carried unanimously. The following form the Committee:—The Earl of Eglinton; the Member for the County; the Member for the Burghs; Sir C. D. Fergusson, Bart.; Sir J. Cuninghame Fairlie, Bart.; Mr. Cuninghame of Lainshaw; Col. M'Allister of Kennox; Provost Finnie of Kilmarnock; the Provost of Irvine; the Provost of Ayr; the Chief Magistrate of each Burgh in the County; Mr. Miller of Monkcastle; Col. Crawford of Newfield; Mr. Hugh Miller of Ayr; Mr. Campbell of Craigie; Mr. Boyle Mure Macredie of Perceton; Mr. Ballantine of Castlehill; Mr. Boyle, yr. of Shewalton; Mr. Craufurd of Craufurdland; Mr. Alexander of Ballochmyle; Mr. Hamilton of Carcluie; Dr. Donaldson of Ayr; Dr. Sloan of Ayr; Dr. Mitchell of Ayr; Dr. Whiteside of Ayr; Dr. Paxton, Kilmarnock; with power to add to their number any other Medical Men; five to be a quorum, and Mr. Campbell to be Convener.—*Ayr Advertiser*.

APOTHECARIES' HALL.—Names of gentlemen who passed the examination, and to whom certificates of qualification were granted, on Thursday, May 7th:—Wm. Chas. Frederick Brookes, London; George Gillett, London; Wm. Lloyd, Lampeter, Cardigan; Robt. Stanton Wise, Banbury, Oxon; Osmer King, Petersfield; Robert Parson, Haslemere; John Watson, Norwich; Henry Andrew, Truro; Edward Riggall, Gayton, Lincolnshire; Robert Russell Sewell, St. Oakley, Essex; Charles George Marshall, Kettering; Henry Bateson, Lancaster; William Fullford, King's Langley; Richard Cross, Sherburn, Scarborough; William Henry Scales, Plymouth; George Saggart Parkinson.

In the House of Commons, Mr. Wakley presented a petition from the Medical Students of Edinburgh, praying for Medical Reform.

In the House of Commons, on Friday, May 8th, a vote of £1,850 was agreed to, for the support of the National Vaccine Establishment.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Bulletin de la Société Anatomique, No. 1.—*Bulletin Chirurgical de Laugier*, No. 9.—*Gazette Médicale*.—*Gazette des Hôpitaux*.—*L'Esculape*.—*L'Experience*.—*Revue Scientifique et Industrielle*.

Osteophytes or Morbid Excrescences of Bone.—These tumours are developed in the osseous system, in the same manner as fibrous bodies in muscular or other parts. They have been confounded with exostoses, but are affirmed to be essentially different. They are parasites which grow at the expense of the bone in which they take root. The bone loses its force and substance. M. Pigné, the author of a communication on this subject, divides them into *pediculated* and *lamellated* or *serpiginous osteophytes*. The former chiefly rise in the compact tissue of the long bones. In the commencement they are of an ivory texture; the central part at length becomes spongy. The pedicle, at a later period, penetrates into the medullary cavity of the bone, and forms a cavity of its own, which communicates with the other. At a period still further advanced it protrudes through the original bone, and in this state is often confounded with *pediculated exostosis*, which last is merely a partial hypertrophy of the osseous substance.—The *lamellated* or *serpiginous osteophyte* takes its origin from the surface, not from the interior. They spring forth from their root, without contracting at first any new adherence with the bone, but after a certain passage, they send forth roots by which they are attached to other parts, like the ivy upon a wall. In this manner they cover two, three, or even more of the vertebræ, passing before the intervertebral disks, without adhering to them. At the commencement they are of an ivory texture, as they proceed they become areolar, the parts where they commenced being more salient, in consequence of its having become cellulous.—These two species of osteophyte are distinct from certain osseous tumours, described as such by Professor Albers; such, for instance, are those osseous formations round the head of a disarticulated bone, and which constitute its new cavity, or those which are developed on the cranium under old tumours. These differ from the osteophyte in their mode of production; they are first cartilaginous, then gradually filled with calcareous phosphate; whereas the osteophyte takes its birth in a state of complete bone.

Fracture of the Cranium—Contusion of the Brain with red or inflammatory softening.—A child, seven years of age, received a kick from a horse on the right supraorbital region. He was stunned, but recovered his senses in three-quarters of an hour, and then evacuated the contents of his stomach. The supraorbital region was found extensively fractured, the bones laid bare, and the eyelid enormously distended with blood; a portion of the brain exuded, under the resemblance of a layer of pus.—On the morning of the third day he died. On the first night he was agitated, but on the following morning his intelligence and speech were not in the least impaired, nor was there any mark of paralysis. On the third day he had passed a restless night, had been noisy, and talked with the patients, but he suddenly fell into a state of great prostration, the respiration became affected, and coma supervened. He spoke unintelligibly, but put out his tongue on being desired, and that organ was remarked not to deviate as in paralysis, but the left inferior extremity had lost its sensibility, though it retained its power of motion. The pupil of

the eye was normal, and the pulse 90. At eleven in the morning he breathed his last.

We pass by the description of the minute fractures of the supraorbital bone, and the laceration of the dura mater, which gave issue to the cerebral substance. The vault of the cranium was sound, nor was the base fractured, as we see in cases where a blow inflicted on the vault is followed by ecchymosis, which is considered a pathognomonic sign of the fracture of that part. Here, on the contrary, the blow was directly on the region broken up.—The anterior lobe of the brain was reduced to a putrilaginous mass, so as to destroy all appearance of organization. It was of a deep red colour, with small sanguineous collections interspersed in it. It presented, in fact, all the appearances of the red or inflammatory softening of the brain described by writers on encephalitis.

The *Bulletin Chirurgica* of M. Laugier, the surgeon of the Hospital Beaujon, in Paris, contains important cases, with a useful examination of the different modes of treatment. The number for April supplies additional remarks on the excision of the cutaneous folds, radiating from the margin of the anus, as a cure of internal hemorrhoids. The author objects to the excision of the internal hemorrhoid because, in some cases, it has occasioned fatal hæmorrhage. A case of this kind we remember to have seen in the practice of Dupuytren.—A patient of M. Laugier's had laboured under internal hemorrhoids for fifteen years, which descended after fecal evacuations with intense suffering. At the period of the operation, which was performed for her relief, the tumour after an evacuation was of the size of a fist, irregular, lobulated, and of a violet colour, with slight ulcerations on its surface. On examination it was found to be formed partly of varicose tumours, and partly of the mucous membrane of the rectum, which was drawn down. After the tumour was returned the varicose tumours were discovered to be collapsed by the finger in the rectum. Under these circumstances M. Laugier concluded, that if he could put a bar to their descent, a cure might be effected, or at least a great amelioration would result; he therefore resolved on employing the method of Dupuytren or Hey for prolapsus ani, which consists in taking up with a forceps some of the radiating folds of skin round the anus, and cutting them off longitudinally with the scissors. Three excisions only were made on the lateral and anterior parts, and no return of the hemorrhoidal tumour was afterwards experienced. Nevertheless the patient retained her internal pains for some months, especially on the passage of the feces. She had also a constant sensation of weight in the anus.—How it is that the removal of three folds of the skin, radiating from the margin of the anus, should prevent the protrusion of the hemorrhoids, has never yet been satisfactorily explained, although the pathological fact is unquestionable. Some ascribe it to the condensation of the part from consecutive inflammation; but the beneficial result seems instantaneous, and consequently before inflammation takes place; hence M. Laugier attempts another explanation derived from the natural use of the folds of the anus in assisting defecation, by promoting or allowing the eversion of the lower part of the rectum in that function. If the folds are really distended for that purpose, their excision would prove an impediment to the natural function. In like manner when those folds are in excess, their removal might be expected to prevent the excess of protrusion in piles and its attendant prolapsus ani. This opinion should be made the subject of experiment in animals where the eversion of the rectum is great in defecation.

Comminutive fracture.—Amputation above the insertion of the Deltoid—Inflamed bone—Phlebitis—Death.—This case will serve as evidence in the discussion concerning the relative merits of amputation of the humerus near the joint, and the disarticulation of the bone. The advocates of the disarticulation assign, as the perils of amputation, the very symptoms which carried this man to his grave.—Three days after the operation, although the greatest part of the wound was united by first intention, the region of the pectoral muscle was the seat of phlegmon, which so commonly takes place when the arm is amputated high up. On the sixth day the shiverings which indicate phlebitis occurred, and the patient was troubled with diarrhœa. M. Laugier having witnessed beneficial results from twelve and twenty grain doses of sulphate of quinine in fever, from purulent resorption administered sixteen grains, but whether in one dose or at intervals no mention is made. This treatment was continued several days with advantage, but the medullary canal of the bone was discovered to be diseased, a vascular fleshy mass projected from the cavity, which was evidently the inflamed medulla. Experience proves that the purulent fever rises frequently from inflamed veins within the cavity of the bone, and the case was speedily complicated by the extension of inflammation to the joint, which became very painful. Passing by minor details, we add, that the shiverings and diarrhœa persisted. The skin became icterical, quite distinct in its appearance from the purulent, although the icterical colour is met with in cases where enormous abscesses have existed in the liver. The patient died in the fourth week.

As to the dissection, the only facts materially to be noted, are the inflamed and purulent state of the bone upwards to the joint; the presence of pus in the vessels of the deltoid; the same in the axillary vein, and the inflammation in the medullary canal, which was filled for the space of an inch from the sawed extremity of the bone by a reddish gelatiniform substance. We confine ourselves to these, because they serve to show the danger of leaving any portion of the humerus in case of extensive comminutive fracture high up. M. Laugier, in obedience to the dictates of Sabatier, Dupuytren, Samuel Cooper, Cloquet, and Sanson, attempted to save a stump for the patient, but he is inclined to think that he would have succeeded better by disarticulation, which Larrey and some others maintain to be the best practice in all cases.

Strangulated Crural Hernia—Operation—Reflections on the Dilatations proposed by Leblanc.—Radical cure.—The strangulation had existed thirty-six hours; the incision was made parallel to the crural arch. The intestine was ecchymosed, but not gangrenous. It was not without difficulty that the finger could detect the entire margin of Gimbernat's ligament, which was to have been incised, nor was there any certainty of not leaving a portion of sac adherent to the intestine, or some reflected fibres of the external pillar of the ring. M. Laugier, while meditating on this subject, drew down a small portion of the intestine, which was followed by the evacuation of its contents, and an immediate reduction could be effected.

In some respects there is an analogy between this operation and Leblanc's, for the ring was dilated, and its stricture defecated, although unintentionally, by the introduction of the finger, which was effected by a certain degree of force; but the most important fact is, that in this patient, as well as in all the cases of Leblanc, if they are faithfully reported, a radical cure of the hernia was found to be the result.

In the subject of this operation, many weeks after the cicatrization of the wound, no impulse was communicated to the hand placed upon the under part of the crural orifice. The surgeon would therefore do well to consult the work of Leblanc for the cases therein described. His first method consisted solely in dilating by the finger, but afterwards he invented a dilator for this purpose, in form like the surgeons' dressing forceps, which was modified according to its new destination.

Tubercles in the Brain producing Chronic Ventricular Hydrocephalus, by pressure on the right sinus, form the basis of a memoir in the Gazette Medicale. The history of tuberculous affections has made considerable progress since the time of Laennec. We have now distinct accounts of various species of this disease, almost entirely unknown in the time of that pathologist. We have chronic softening and ulcerations of the intestines from this source; tuberculous peritonitis; laryngeal phthisis, and tubercles in the bones and testicles. Although these tumours have been long since found in the brain, it is not until late years that the influence of the diathesis in question upon the meningo-cerebral inflammations of children has been noticed. We have only space for a condensed account of one of the cases, that of a child three years old:—

Its head was always large, but the morbid enlargement had existed only six months. At the commencement of which period the skin could not endure the slightest touch. The intellects became impaired, and the speech was enfeebled. The eyes at first squinted, but the strabismus, together with the morbid sensibilities, at length disappeared in a great degree. Pain in the head occurred during the first fortnight. The limbs had never acquired sufficient strength to support the body, but these parts were not paralyzed; no convulsion or delirium was experienced. At length a violent purulent ophthalmia appeared, the whole globe of each eye fell into suppuration, and the child was carried off under the influence of the consequent fever.—The head was nineteen inches in circumference, and its weight was so considerable, that it fell backwards or forwards unless propped up.—On dissection, eight ounces of serum escaped from the ventricles. The veins of Galen in the choroid plexus were filled with blood. The tentorium of the cerebellum adhered to that organ, which was almost entirely converted into a tuberculous mass, pressing upon the right sinus, or the termination of the veins of Galen in it.

The case of an internal hydrocephalic tumour, protruding externally, and cured by incision, is communicated to the *Gazette Medicale* by Dr. Plaisant. The tumour was oblong and filled with fluid, three or four inches in length, extending along the upper edge of the parietal bone. As the skin was tense the opening in the bone was not perceived, and nothing was suspected beyond a common abscess from the suppression of a cutaneous discharge which had previously existed. The child laboured under convulsions, which were ascribed to the pressure upon the fontanel communicated to the brain. An incision being made throughout the tumour, the distended dura mater which protruded gave way, being doubtless cut into, the brain appeared to the great consternation of the operator, and the vacant space between the bones now perceived, left no doubt as to the mistake which had been made. The child, however, providentially recovered.

Cases of Dartres and Tinea Favosa cured by Wood-soot Ointment.—This remedy is described as having produced a rapid cure in two cases, one of which had existed four years, with entire destruction of the hair. The practitioner must not confound the wood-soot here recommended with coal-soot. The proportion of soot to cerate is from one-fourth to one-

half, according to circumstances. The dried crusts must be previously removed by emollient poultices. Where wood-soot is not at hand, the practitioner would do well to make trial of an ointment of creosote. Such of our readers as pore into the treasures of antiquity, may remember that oil of paper is a very old and strongly-praised remedy for some cutaneous affections. Distilled paper would yield pyro-ligneous acid, and a substance resembling creosote, which probably constitute the efficient parts of wood-soot.

A Case of Arsenic detected in the Human Body TEN YEARS AFTER BURIAL is adverted to in *L'Esculape*.—A man at Dijon has been recently condemned to death for administering poison to a man, who died of it *ten years since*. The bones, which alone remained unconsumed, were found to contain arsenic, and the supposed culprit will lose his head. This condemnation, however, cannot be warranted by the mere presence of arsenic in the bones, inasmuch as *that substance is always to be detected in them in their natural state*. This fact is admitted by Orfila, and other eminent medico-legal chemists.*

Arsenic detected in the Organs of the Human Body SIXTEEN MONTHS AFTER BURIAL.—This case is also given by *L'Esculape*. Messrs. Auplan and Parisot, of Lyons, were required by the judicial authorities to examine the body of a man named Ayne, *deceased sixteen months*, and suspected of having been poisoned. The body, on being disinterred, was found to contain arsenic in the *primæ viæ* and in all the organs. Some practitioners having maintained that arsenic might be absorbed from the earth in which the body is interred, care was taken to analyze the soil, and no arsenic was found in it.

Clinical Observations on the Treatment of Pneumonia by Professor Rostan form the subject of an excellent article in the *Gazette des Hopitaux*. The employment of copious bleeding and large doses of emetic-tartar on the Rasorian plan, is not new in England; but it is consolatory to see that the disciples of the school of Broussais do not follow their master in the condemnation of the antimonial remedy. The professor's observations on the quantum of sanguineous depletion, and on the period of its adoption, are worthy of notice. A degree of prostration will frequently occur, in which a practitioner might doubt as to the expediency of drawing blood, although it might still be indispensable; and patients frequently die of the first stage of pneumonia where the morbid appearances attest that the depletion ought to have been employed, and if it had been employed, ought to have been carried to a greater extent. On the other hand, there is a period when bleeding can no longer be practised, without a risk of inducing hepatization.

Gangrenous Endocardite is the subject of a communication from Dr. Gigon to the *Experience*; we shall give so much of the case as will display the perils to which patients are exposed through the ignorance or indecision of medical practitioners.

A man having exposed himself to a cold wind when in a profuse perspiration, was attacked with shiverings, followed by heat and great difficulty of breathing. He was relieved by bleeding, but

having again exposed himself to the open air, his symptoms returned with *menaced suffocation*. We hear no more of bleeding, but the patient for six weeks was, at one time, treated under the supposition that he was suffering from asthma, at another, from dropsy of the chest, and at another, from hepatized lung. At length death released the patient from the hands of his tormentors.—Three days before the fatal termination he was unable to lie down in his bed, and under paroxysms of suffocation required the windows to be continually opened. During the intervals, his breathing was difficult, and he had short cough without expectoration. *The legs were very œdematous up to the knee*. The region of the heart was more vaulted than on the other side of the thorax. The impulse of that organ was not perceivable by the hand, and a want of resonance was remarked over a space three inches in diameter. A clear rasped sound of bellows was heard in both the right and left cavities of the heart, which was more remarkable towards the point.—There was an absence of sonoreity at the lower part of the chest on the right side.—The lungs were, on dissection, found to be diseased; but we confine ourselves to the heart. The pericardium contained no fluid, notwithstanding the vaulted state of the thorax, but the heart was increased in size, and greatly distended by soft inadherent clots; neither the serous membrane nor the sigmoid valves of the pulmonary artery were inflamed. The Triglochine valve was opaline, with its edges evidently thickened and red. The portion of the ventricle which corresponds to the orifice of the pulmonary artery, was lined by a false membrane, like a piece of paper.—Two of the aortic valves, indurated at their base, were adherent at their adjoining angles, and being immovably fixed in the aortic orifice, they must have impeded the circulation. The membrane at their base was red and thickened. These two valves were gangrenous, ulcerated, soft, and friable with the least effort. One of them was perforated in the centre, but the third was tolerably free from disease.—The internal membrane of the aorta was red towards the arch, and could be separated by lightly scraping with the nail. The descending aorta was perfectly sound.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 2nd May, 1840:—

Epidemic, endemic, and contagious diseases	151
Diseases of the brain, nerves, and senses	134
Diseases of the lungs, and other organs of respiration	266
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	62
Diseases of the kidneys, &c.	8
Childbed, diseases of the uterus, &c. .	9
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	0
Diseases of uncertain seat	104
Old age, or natural decay	68
Violent deaths	26
Causes not specified	4

Deaths from all causes

853

SMALL POX.—We regret to state, that small-pox, of a confluent character, has made its appearance in the suburbs of this town.—*Drogheda Journal*.

Lord Prudhoe, May 8th, presented to the House of Lords a petition for Medical Reform from Northumberland.

MORISON THE QUACK died in Paris a few days since. He is said to have left an immense fortune, realized from the gullible multitude by the aid of newspaper puffs.

CURE OF SQUINTING, BY DIVISION OF THE INTERNAL RECTUS MUSCLE.

IN a former number of this Journal, we laid before our readers an account of some cases in which Mr. P. BENNETT LUCAS divided the internal rectus muscle for the cure of squinting, and in which the operation was attended with perfect success. This operation, from its safety and its efficacy in the cases to which it is applicable, is an addition to surgical science and skill of so manifest a kind, that the only wonder is it was not long before performed. The following cases and observations taken from a contemporary speak for themselves:—

"CASE I. April 7, 1840.—Catherine Culbert, aged 60, has had strabismus from the time she was three years old. The right eye is turned deeply towards the inner canthus, so that the outer segment of the circumference of the cornea looks forward. There are two specks of long-standing on the cornea.—When the left eye is covered the turned-in one slightly alters its direction, and by an effort the patient can direct it outwards in a sufficient degree to bring into view the entire of the cornea, and a very small portion of the conjunctiva, between it and the inner canthus. She cannot, however, retain the eye longer in this position than a few seconds.—Notwithstanding the very unfavourable condition of the eye of this patient for an operation, the difficulties which offered themselves in reaching the muscle at fault for the purpose of its division, and after its division the question which naturally presented itself, whether an eye for fifty-seven years thus deformed would resume the normal condition it had enjoyed but for three years, I proceeded to the operation, assisted by Dr. Hingeston and Mr. Wardrop, jun. A bandage was placed over the sound eye, so as to exclude the light. The upper eyelid was secured with a speculum, and the lower was depressed with the fingers. By these means the globe of the eye was also sufficiently fixed. Desiring the patient to direct her eye as much outwards as possible, I grasped the small portion of conjunctiva at the inner canthus, which was brought into view, with the square forceps, and divided this membrane from below upwards by means of a small knife, to the extent of about five lines. A partial chemosis almost immediately took place, from the effusion of blood and tears beneath the lips of the incision, which gave them a swollen appearance, and which more or less interfered with the future steps of the operation. I next inserted a double hook into the sclerotic coat, and found so much difficulty in everting the globe of the eye in a sufficient degree to expose the insertion of the internal rectus muscle, that, at the suggestion of Dr. Hingeston, I bent a small, common probe (about four lines of the instrument) at an acute angle, and introducing it into the incision of the conjunctiva, I readily passed it underneath the muscle, and fitting it close between its insertion and the sclerotic coat, it was drawn with much ease towards the incision of the conjunctiva, and divided with a bent scissors. This manœuvre with the bent probe answered the purpose of bringing the muscle and globe of the eye so completely under my command that I determined, in the next case which presented itself, to adopt a similar proceeding.—The result of this case was unsatisfactory; it is now the 23rd of April, and no decided improvement has been effected in the strabismus. It is a case, however, which is highly instructive, and fraught with the most satisfactory inferences in regard to the safety of the operation, and the new method of performing it. The woman was aged sixty, and had the deformity fifty-seven years; under the most favourable circumstances she could but turn the eye slightly out-

* A former Number contains much information on this subject, but as we find that a very material part of our Reporter's communication did not come to hand, we subjoin the mode of detecting arsenic as now employed, and which formed the substance of the missing part. However minute be the quantity of arsenic, it is soluble in nascent hydrogen, if put into a tubulated bottle with a portion of pure zinc and diluted sulphuric acid. If the hydrogen thus impregnated with the arsenic be inflamed at the mouth of a bent tube passing from the bottle, and the flame be brought into contact with a white porcelain capsule or saucer, the arsenic will be deposited in the form of a spot. As spots, different only in colour, are in like manner deposited by the solution of antimony in hydrogen, a chemical criterion is required for discriminating between them. That criterion is the flame of hydrogen gas, which immediately effaces the arsenical spot, and leaves intact the antimonial.

wards, and it was therefore hardly to be expected that the operation would have been attended with the same happy effects which have followed the other cases in which I have operated.—This case proves the safety with which the operation can be performed under circumstances the most unfavourable; the globe of the eye was not only turned deeply inwards, but from the emaciation of the orbital contents, in common with the other parts of the body, it was also very much sunken, which rendered the operation difficult, notwithstanding I readily reached the muscle with the bent probe. It will be interesting to follow this case, with the view of ascertaining if the muscles, which have now been fifty-seven years accustomed to particular actions, may not eventually bring the eye to its proper position, the inner rectus muscle having been divided.—To this date (April 23) the patient has not complained of a single bad symptom, the healing process having gone on most satisfactorily.

"CASE II. April 21, 1840.—Mr. Crossland, aged twenty-one, was born with his eyes straight. At Montreal, when five years of age, he was watching the return of his father from business at a time when a large quantity of snow was on the ground, the glare of light from which he observed to be very offensive, and was instantly seized with strabismus convergens of the left eye. He was quite unconscious of any deformity having occurred, until his friends remarked it to him. He was subjected to various kinds of medical treatment, and wore goggles. The summer following his eye got straight; but when the winter returned, it again became inverted, and has remained so to this date.—*Present Appearance:* The eye is turned deeply into the inner canthus. When the right eye is covered the patient can turn the affected eye half way outwards; but when both eyes are exposed, it instantaneously resumes its abnormal condition.—Mr. C. has been subject to headaches, reads a great deal, and for the last two years has been living on vegetable diet, for the cure of a cutaneous affection.—In the presence, and with the assistance, of Dr. Carroll, Mr. Toogood Downing, Mr. Wardrop, jun., and Mr. H. Downing, I performed the following operation:—A bandage was applied to the sound eye, to exclude the light, and the patient was seated on a low-backed chair before the window, and his head reclined against Mr. Doering's chest, who also supported the upper eyelid, by means of the wire speculum. Mr. Wardrop, jun., depressed the lower lid. The patient, who possessed great moral strength, everted the turned-in eye to his utmost, and with the greatest facility I introduced a small, fine-pointed hook into the inner conjunctiva, about three lines distance from the cornea, and with a very fine, straight knife I divided this membrane from below upwards, to the extent of half an inch, leaving the hook still attached to the inner segment of the incision. I next separated the divided inner portion of the conjunctiva from the subjacent sclerotic coat by means of a blunt probe, and having introduced between the lips of the incision the bent probe, I parted it underneath the tendon of the internal rectus muscle. The hook was now withdrawn, and the operation was suspended for a moment. I next raised the tendon by means of the bent probe towards the incision of the conjunctiva, so as completely to bring it into view, and with a curved scissors divided it. The eye immediately resumed its natural position. The hæmorrhage did not amount to as much as two drops, and the operation was completed in a minute and a half.

Calomel, 2 grs.;

James's powder, 3 grs. A saline draught in the morning.

22. The inner conjunctiva is slightly ecchymosed; the eye is perfectly straight. Mr.

Crossland had a good night.—24. Ecchymosis of conjunctiva is disappearing. The state of the patient is most satisfactory.—26. The patient is in every respect going on well; he suffers no pain in the eye; the inner conjunctiva is still reddened, and a layer of lymph exists in the site of the incision; the redness evidently exists for the purpose of reparation, which is going on beautifully, as the patient was not aware of its existence until he saw it by means of a glass. He goes to business to-morrow.

CASE III. April 27.—William James Egan, aged 10, was born with his eyes perfectly straight. When he was two years of age he suffered from convulsions, and after a more severe one than usual the strabismus took place.—*Present State.* His left eye is turned deeply inwards, with a slight degree of obliquity upwards; its sight is not so powerful as that of the right; there is a slight degree of opacity of the inner circumference of the cornea, and the organ is more sunken than its fellow. With much exertion the patient can evert the eye to the extent of about four lines.—With the assistance of Mr. Downing, Mr. Bailey, Mr. Earles, and Mr. Snow, I performed this operation as follows:—The eyelids were held apart simply by means of the fingers; I seized the inner conjunctiva with a small sharp hook, and divided this membrane from below upwards, with a fine narrow-bladed knife. At the instant of doing this the eye forcibly turned more inwards, which retarded the operation a few moments: keeping the hook still fixed in the inner segment of the divided conjunctiva, I allowed the lids to cover the globe, and a few drops of blood were wiped away by means of a sponge and cold water. Exposing the eye again by simply elevating the upper, and depressing the inner lids with the fingers of two assistants, I readily exposed the incision of the conjunctiva, and having separated the connecting reticular tissue by a blunt probe, as in the other cases; I introduced the blunt hook, and with much facility passed it from below upwards, beneath the inner rectus muscle, and drawing it forwards, I divided its tendon with a curved scissors.—The tendon of the muscle was unusually thick and strong, far different from the appearance which it presented in the other cases; it *grated* beneath the blades of the scissors upon dividing it, which, being accomplished, the eye became instantaneously straight.—The whole operation only occupied two minutes. In this case the speculum was dispensed with, and the only instruments used were a hook, a knife, a probe, and a scissors.—After the operation a cold bread and water poultice was applied to the eye, a powder, consisting of James's powder and calomel, was given, and the boy was put to bed.—This little patient evinced great strength. I explained to him beforehand the object of the operation, and saw he could assist us by everting his eye as much as possible, and which he did at the time it was most needed.—*Remarks.* Were the operation of dividing the muscles of the human eye for the cure of strabismus attended with danger to the organ of vision, with consequences of even a much less serious nature, the propriety of its performance might justly be regarded as questionable. But when it is considered that no bad consequences have followed this interesting operation,—that the patient suffers but little during its performance,—and that, in the cases to which it is applicable, the most gratifying success has attended it; its extensive application to the removal of strabismus cannot be too forcibly insisted upon.—As will be observed, on the perusal of the foregoing cases, and of those which have appeared in a former number, the operation for the cure of strabismus which I have now successfully employed in five cases, differs in many, and I

would say essential, particulars from that adopted by Professor Dieffenbach—indeed, when I first attentively considered the detail of the three cases as reported in the "British and Foreign Medical Review," I was struck with the number of hooks which were employed, and the necessity arising therefrom for many assistants, who in all operations, but especially in operations upon the eye, too often interfere with each other, and with the operator.—In Professor Dieffenbach's operation, no less than four hooks are employed, and one of these a double one; two for the purpose of keeping the eyelids apart, a third is passed into the conjunctiva, and the fourth, the double one, is fixed into the sclerotic. In none of the cases, with the exception of Catherine Cuthbert's, did I use more than one hook; and in the case of the child, Mary Anne Daly, I used none, having divided the conjunctiva with a knife and forceps. This latter instrument I have since found is not, for many reasons, to be depended upon as much as the hook; it gives more uneasiness to the patient, and is apt to lose its hold of the conjunctiva, which the hook never does until it is intentionally removed.—In deciding upon the best method of performing this operation, many circumstances must be taken into account in regard to the age of the patient; his moral courage; any cause which may disturb the relation of the orbit and its contents, so as to produce a too prominent eye or a too sunken one, as well as the degree of intensity of the strabismus.—In children it requires the greatest exertion to control their struggles. In the child Daly it was as much as two persons could do to steady her trunk and legs, the movements of which retarded the operation materially. On the contrary, in the case of Mr. Crossland, the great firmness he displayed, and the assistance he afforded me by everting his eye to the utmost, at the time I was passing the hook beneath the inner rectus muscle, rendered the operation almost bloodless, and enabled me to complete it in a minute and a half.—I have omitted to mention that I was indebted to the kindness of Mr. F. Kiernan, for the opportunity of operating on the boy Egan.—I have this moment seen the child, Mary Anne Daly; her eyes are perfectly straight, and a slight cicatrix is visible in the site of the operation.

London, April 23, 1840.

GLANDERED HORSES.—COMMITTEE OF SALUBRITY IN PARIS.—The attention of the French government, having been attracted by the many fatal cases of this disease in the human subject, communicated by contagion, has appointed a committee for the purpose of reporting as to the Hygienic measures best calculated to prevent the recurrence of this awful calamity.—The report of the Commissioners which has just been published, prohibits masters from suffering their ostlers to sleep in stables with glandered horses, or in any stable used as an infirmary for horses, whatever be their disease.—All glandered horses are to be immediately reported to the municipal government, who will cause them to be visited by veterinary surgeons appointed for this purpose. If the animals are pronounced incurable, they are to be slaughtered; but in case of dispute the question is to be referred to arbitration. If the disease be supposed to be susceptible of cure, the owner of the horse may send it for treatment to the Veterinary School at Alfort, or have it treated at home under certain conditions, which the report minutely specifies, and which are calculated to prevent the propagation of the disease by contagion. The report is lengthy, but we have quoted only to the most important particulars.

REVIEWS.

A Practical Treatise on the Principal Diseases of the Lungs, considered especially in relation to the particular Tissues affected, illustrating the different Kinds of Cough.
By G. HUME WEATHERHEAD, M.D.
London: Highley, 1840. Pp. 184.

AFTER some introductory observations on respiration, this work is divided into ten chapters. The first on common catarrh; the second on consumption; the third on dry catarrh; fourth, on the cough attendant and consequent on measles; fifth, on gout in the lungs, or gouty cough; sixth, on asthma; seventh, on pleurisy; eighth, on pulmonitis, on pulmonic cough; ninth, on hooping-cough; tenth, on laryngitis. —As the author's aim appears to be more popular than scientific, we shall not stop to point out some obvious errors in this arrangement, but proceed to say a few words on some of the chapters. —In the chapter on catarrh, the symptoms, causes, and pathology are clearly stated, but we remarked nothing new on either subject. We give the following extract from the section on treatment, as it contains a point on which the author lays considerable stress:—"The therapeutic operation of purgatives in this disease affords a beautiful illustration of the doctrine of the tissues. If we examine into the intimate sympathy existing between similar, though distinct tissues, we shall find that they are all subject to the same forms of diseased action, and that this sympathetic law of the system is not limited in its agency to the propagation alone of morbid associations, since it extends its reciprocity of influence likewise in a healing point of view, and we hence find *those medicines the most efficacious which more particularly operate on a tissue similar to that which is the seat of the disease.*"—The treatment is fully gone into, but we may mention that in the treatment of the chronic stages, polygold is not mentioned, though our experience prompts us to regard it as a most effectual remedy.—The chapter on phthisis is a very fair specimen of the author's style. The course of the disease is shortly described, and a very fair sketch is given of what is known as to tubercular formations, their rudimentary condition, their nature, seat, and structure, and the condition of the capillary system, to which they probably owe their existence. Dr. Weatherhead does not allude to Morton or Andral, but adopts the opinion held by them, that tubercle is a peculiar morbid secretion from the blood, and that a depraved condition of the blood is a chief element in the tubercular diathesis. He agrees with Dr. Carswell in believing that its seat is in the air-cells, but hardly appears, from the text, to have examined the point in the dead-house. We have, and believe with Andral and Lombard that it is not primarily deposited into the air-cells, but in the cellulo-vascular tissue surrounding them. —In the chapter on pleurisy we must premise, that by "water in the chest" Dr. Weatherhead means secondary hydrothorax. Upon his subject he says, "No disease, with the exception of water in the chest, at its commencement, can be confounded with pleurisy, so long as ægophony exists. This stethoscopic sign is *always a distinguishing characteristic* of one of these two affections, but by attention to the other indications and symptoms present in each case, we run no danger of mistaking the one disease for the other."—To this we must dissent. Throughout all Dr. Stokes's vast experience he has heard ægophony but twice, and we, whose bed-side observation has been as extensive, and continued as that of many men, have never in any one instance heard any sound we could distinctly define as ægophony. It is certainly

a sign of very little value. Again, in the treatment of pneumonia, the author advocates free depletion and contra-stimulant doses of tartar-emetic. We very much doubt if he would have done so, had he seen much of the disease, or the usual effects of this treatment. On the whole, we think this work well written; and though it may not prove a great addition to the scientific literature of the profession, still it contains many useful practical hints likely to prove highly serviceable to the student and young practitioner.

FOREIGN HOSPITALS.

MILITARY HOSPITAL—GROS CAILLON.
BRONCHIOCLE CURED BY IODINE.

THE tumour was large, and when the patient was exposed to violent exercise, occasioned such congestion in the head and face, that he was obliged to take off his cravat. Fifteen drops of tincture of iodine, increased gradually to twenty, were administered in a gum julep daily, with two pills of Belloste, and a tisane of saponaria, and the tumour was frictioned with ointment of hydroiodate of potash. The treatment has been continued since December 15th with evident success, inasmuch as the tumour is reduced to the size of an egg.—This method, which has met with many adversaries, is now more favourably thought of, and some of its former enemies are among those who now adopt it.—*Gaz. des Hopitaux.*

HOSPITAL NECKER.

CALCULUS VESICÆ—LITHOTRITY.

A CASE operated on by M. Civiale has illustrated the effect of catarrh of the bladder, in the production of one of that species of stone which contains the phosphate of lime, and shows the necessity of paying prompt attention to the existing cause, which may frequently be removed by antiphlogistic treatment. Cold injections into the bladder, cold enemata, and the constant use of the catheter for the purpose of drawing away the mucous and purulent sediments that might otherwise form a nucleus for the calculous deposit. —This man had been previously cured by lithotripsy, but the bladder remained under the influence of that catarrhal secretion, which tends to the reproduction of stone in the form of phosphate, whatever the former one may have been. It was difficult of detection by the sound, because it was soft. It occasioned atrocious pain and sleepless nights, and although it had existed but a few weeks, the patient had greatly wasted. The pains were not merely felt at the expulsion of the last drops of urine, as in most calculous cases, from the contact of the coats of the bladder with the foreign body, but were constant.—M. Civiale was not deterred by the irritable bladder from proceeding to the operation, and the man was easily riden of the cause of his sufferings.—*Gaz. des Hopitaux.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—79th Foot, J. Anderson, M.D., to be Assistant-Surgeon, vice D. Maclachlan, who retires on half-pay.

CHELSEA HOSPITAL.—Assistant-Surgeon D. Maclachlan, M.D., from half-pay 79th Foot, to be Surgeon, vice Somerville, who resigns.

VACANT.—The post of Surgeon to the Aldersgate-street Dispensary. There are several candidates in the field, among others, Mr. Solly of St. Thomas's Hospital School, and Mr. Smea of the Bank of England.

CIVIL.—Her Majesty's Lord Chamberlain has appointed Charles Henry Phillips, Esq., surgeon, to her Majesty's household, in the room of John Phillips, Esq., deceased.

NAVY.—Surgeon James Lawrence, from the Ocean to the Poitiers; Assistant-Surgeons John King and John Augustus Orbet (acting) to the Impregnable; H. W. Bent (additional) to the Britannia; W. J. Rogers (additional) to the Victory, for service in the Success hulk.

MEDICAL OBITUARY.

AT Edinburgh, in the 26th year of his age, Mr. John Wallace, surgeon.—At Waterside, Galston, Thomas Frame, Esq., surgeon, in the 43rd year of his age. "His eminence as a medical practitioner was extensively known and appreciated; whilst scientifically acquainted with his profession, his accurate observation and long experience, aided by his natural abilities, which were of a high order, and combining, as he did, the manners of the gentleman with the acquirements of the scholar, he was ever a welcome visitant in the sick chamber. His death is felt as a public loss, and he is universally lamented."—On Wednesday, 6th inst., at his residence in Upper Gloucester-street, Dorset-square, George Bisshop, Esq., M.D., of Brailes.—Suddenly of apoplexy, H. Field, Esq., Resident-Medical Officer of the Charter House, aged 55.—In the 31st year of his age, deservedly lamented, John Alex. Reed, Esq., M.D., Licentiate of the College of Surgeons, Dublin. "He was medical attendant to the Dispensary of St. Mary's, Donnybrook, since its foundation, and by his kind manners, attention, and skill, endeared himself to every person in the neighbourhood."—On Friday, May 8th, the remains of Mr. O. J. Goldsworthy, surgeon of the Ordnance Medical Department at Woolwich, were interred in Woolwich churchyard. The mournful cortège consisted of the Royal Artillery Corps, Sappers and Miners, the 29th Regiment of Foot, and most of the officers of the Garrison, Dockyard, and Arsenal.

The mortality in the Royal Artillery and Engineers at Woolwich is beyond precedent for a long series of years, and in consequence, the few officers of the Ordnance Medical Department have been much harassed from the constant duty of attending the Hospital. Assistant-surgeon and Apothecary, William Harris, fell a victim, on Tuesday, 3rd inst., to a wound received by a scalpel, whilst engaged in a post-mortem examination.

Sir James Pitcairn, deputy-inspector-general of hospitals, whose departure from Cork for London, on the 1st inst., we stated in our last, is preparatory to his appointment as chief of the medical department in Ireland, vice Dr. Renny, the director-general, who, as well as Dr. Pelie, are about retiring on full pay. During the absence on leave of Sir James Pitcairn from Cork, the duties of deputy-inspector-general, medical staff, devolve on Staff-surgeon Sinclair.—*Roscommon Gaz.*

THE MEDICAL SOCIETY OF LONDON have offered the Fothergillion gold medal, for the year 1841, to the author of the best essay on Erysipelas; and that for 1842, for a treatise on the nature, causes, diagnosis, and treatment of those conditions of the brain which constitute ACUTE HYDROCEPHALUS. Each of them to be delivered to the registrar, on or before the 1st day of December preceding the March when the medal is to be awarded.

MEDICAL REFORM—DALTON.—We have not observed any efforts being made by the medical men in Kendal for the purpose of petitioning parliament for medical reform. The petition from the Hundred of Lonsdale has been signed by the professional gentlemen unanimously, and we are glad to see that our clever and active townsman, Edward Hall, Esq., has strenuously exerted himself in this good work of putting down quackery and imposture, the folly of which is evident, and the instances of which may perhaps form the matter of another budget.—*Westmoreland Gazette.*

MUSTARD TO THE BREAST IN AMENORRHOEA.—The successful treatment of amenorrhœa, by the application of mustard sinapisms to the inner part of the groins, as reported by Dr. Carmichael of Dublin, has brought to notice an analogous fact in France, where mustard is applied to the nipples, under similar circumstances, and with equally good results.

ADVERTISEMENTS.

PORTRAIT OF DR. PARIS. Just Published,

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"We take our leave of this work, and of its author—the former fraught with much excellent practical information—the latter a zealous, intelligent, and skilful surgeon, and a gentleman possessed of the most honourable feelings. We wish both the success which they merit, and which we are confident they will obtain."—*Dr. Johnson's Medical-Chirurgical Review.*

London: Longman, Orme, and Co.

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Charles Wildenow's object has been to enable the Profession to administer the Balsam in a form in which its properties should not be in any way affected, which has always been the case in previous attempts at disguising its unpleasant qualities; and the testimony of many eminent medical men, and an increasing demand for the Capsules, give him every reason to believe he has perfectly succeeded. The greatest care is taken in the preparation of the medicine to ensure a freedom from leakage or smell, and the purity of the Balsam may be depended on, being imported direct from Paris, by Charles Wildenow. About ten grains of unadulterated Balsam are contained in each Capsule; and the easy mode of administering them with the certainty of their operation, will leave no doubt of the great value of this useful Preparation. To be had, wholesale at the Manufactory; 14, Old Jewry; and also of all the Wholesale Druggists in London, and Retail of all respectable Chemists and Druggists throughout the Kingdom.—Wholesale Agents: Messrs. J. and R. Rimes, Edinburgh; Mr. L. Simpson, Medical Hall, Manchester; Evans, Son, and Co., 41 Lord-street, Liverpool; Mr. P. Harris, Bull Ring, Birmingham.

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MEDICAL PORTRAITS.

DR. PHYSICK.—NO. II.

DR. PHYSICK, as might be well supposed, was not oppressed with practice for the first year: out, fortunately for him, the yellow fever afflicted Philadelphia in 1793, and Physick was elected physician to the Yellow Fever Hospital at Bush Hill. The populace, as is usual during pestilences, being disposed to be riotous, Dr. Physick was created an alderman, for the purpose of helping to prevent disturbance. All this brought him forward, and gained him some valuable connexions. He was the first to promulgate the doctrine that yellow fever was not contagious—his dissections went to establish the existence of gastritis as an essential feature of it—and he was a warm advocate of antiphlogistic treatment. He had an attack himself, which shook his constitution. In the year 1794, Dr. Physick was elected, by the managers of the Pennsylvania Hospital, one of the surgeons to that institution. This period may be stated to be the dawn of his great surgical fame and usefulness; indeed the appointment was the stepping-stone to his fortunes. Surgery was then at a low ebb in America, and a disciple of John Hunter was wanted to reform it. The first thing he did was to improve the treatment of ulcers. He soon made the wards clear of them. His method of treatment in cases of inflamed and irritable ulcers was exceedingly simple. He directed the patient to be confined to bed, and to be kept strictly at rest; and in cases where the ulcer was situated upon a lower extremity, he caused the limb to be considerably elevated. He next directed that mild and soothing applications should be made to the ulcer itself; and in conjunction with this he made use of proper constitutional treatment. In cases where the ulcer partook of an indolent nature, he always preferred effecting the necessary stimulation by means of local applications, whilst the patient was confined to bed, to permitting him to walk about, as sometimes recommended. Perhaps, even now, some parts of his method might be insisted on with advantage. In the year 1794, Dr. Physick was elected one of the physicians to the Philadelphia Dispensary. He subsequently was chosen one of the consulting surgeons to this same institution, and retained the situation till the time of his death.—In 1795, there was a considerable increase in his professional engagements, and his prospects of success in practice were flattering. He now commenced a Journal of his more remarkable cases, which he continued until 1810. It would seem that he operated well for cataract, the extraction of which he preferred; and his biographer is of opinion that his operations upon the eye, in conjunction with those for stone in the bladder, did as much in establishing his great

surgical character as any others which he ever performed. In his first operation for lithotomy, in 1797, he accidentally divided with his gorget the internal pudic artery. The hæmorrhage from the wounded vessel was exceedingly profuse. He immediately compressed the trunk of the artery with the fore-finger of his left hand, and then passed the point of a tenaculum under it; a ligature was then cast round it and firmly tied. This of course arrested the hæmorrhage, but the ligature included along with the artery a considerable portion of the adjacent flesh. In order to obviate this inconvenience, Dr. Physick subsequently contrived his celebrated forceps and needle for the purpose of carrying a ligature under the pudic artery.—It appears that Physick was dexterous in the treatment of stricture, and a first-rate maker of wax bougies. In the year 1795, he invented an instrument which is much used (it may be modified) by some at present, for the purpose of cutting through a stricture which had refused to yield to the ordinary methods of treatment. This instrument consists in a lancet concealed in a canula, which is passed down to the stricture, and then the lancet is pushed forward so as to effect its division.—During the years 1797, 1798, and 1799, the yellow fever again ravaged Philadelphia, and Dr. Physick was again found in the foremost rank of those who had to contend against its ravages. Whilst engaged in the performance of his duties in the year 1797, he was attacked himself, for the second time, with the fever, and his illness was so severe that for some time but slight hopes were entertained of his living. His recovery from this indisposition was exceedingly slow, and he was left in such an enfeebled state that he was obliged to go into the country to recruit his strength. During the prevalence of the yellow fever in 1798, Dr. Physick was again resident physician at the Bush Hill Hospital; and upon leaving the institution after the subsidence of the epidemic, he was presented in a flattering manner by the board of managers, with some valuable silver plate, as an acknowledgment of their “respectful approbation of his voluntary and inestimable services.”—In 1800, he married Miss Eliza Emlen, by whom he had four children, two sons and two daughters, still alive. In the same year, he was requested by a number of students, in the University of Pennsylvania, to deliver lectures on surgery, which he did, and with success; five years afterwards, the professorship of surgery was created in the University of Pennsylvania, and Dr. Physick was appointed to fill the chair. In 1802, he published a case of hydrophobia, and recommended tracheotomy. In this year, he performed his operation of passing a seton through an ununited fracture of the humerus. Dr. Randolph communicates an interesting circumstance in connexion with this case.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE SKIN (CONTINUED).
TINEA CAPITIS—PORRIGO—ELEPHANTIASIS—
LUPUS.

THE terms *tinea* and *porrigo* are employed, technically, to designate the same affections of the hairy scalp which are popularly called *scald head*, and sometimes *ringworm* of the scalp. *Porrigō* is the term employed by Drs. Willan and Bateman, and hence it has been generally adopted as the scientific name of these affections. The English term of “scald head” does not indicate any notion of the affection being connected with the operation of heat, or being at all the effect of scalding; but it is a term derived from an old English word, and means scab or encrustation—so that the scald head in this sense means scabby, or encrusted head. The term *ringworm*, I believe, was originally applied to a particular form of eruption, which I have already had occasion to mention under the name of *herpes*—which is a vesicular eruption. In one of its forms the vesicles assume a circular arrangement, the interior of the circle being imperfect. It is called *herpes circinatus*, and the vesicles, when thus arranged, have the appearance of rings—hence the name *ringworm* given to the affection in common language. In one form of psoriasis, also, the inflamed and scaly state of the skin resembles a narrowish line, which usually assumes an imperfect spiral form; it has been sometimes called ringworm in common language; but the ringworm of the scalp is a certain form of the affection that I am now going to describe to you, in which the inflamed and pustular part exists in circular patches.—Now, under the term of *porrigo*, Drs. Willan and Bateman include some other affections of the hairy scalp besides those to which the familiar name of scald head is applicable. They include some other affections which, in fact, have very little resemblance in their nature with scald head; and probably when these affections have been more minutely investigated, some of the complaints which they include under that term will be separated from the head of *porrigo*.—*Porrigō*, or *tinea capitis*, is an inflammation of the hairy scalp generally, commencing in patches, in which you see the formation of groups of minute pustules—pustules which are seated in the substance of the skin of the scalp. Now these pustules generally assume a peculiar appearance—they are very small in size, and produce a peculiar kind of secretion; they are such pustules as nosologists have distinguished by the term *achores* and *favi*. By the term *achor* (of which *achores* is the plural) a pustule is designated which is circular, minute in point of size, imbedded in the skin, and which produces a thick, and at the same time nearly transparent secretion, which has been compared to honey, which, when it exudes from the pustule, encrusts in a clear but firm kind of scab. The term of *favus* is applied to a pustular affection of the scalp, which is larger in extent, but produces a similar kind of secretion—a secretion similar in its sensible characters, and resembling it also in the circumstance of forming a firm yellowish crust.—The secretion which takes place from the groups of pustules which constitute the state of *porrigo*, forms in the first instance thin scabs, varying in size and in figure. In proportion as the disease proceeds, the continued exudation from these pustules adds to the thickness of such encrustation, and thus you have them enlarged in size, so that they become considerably elevated above the surface of the skin. These affections, if they are not well attended to, go on for several years, and thus you frequently see an indivi-

dual whose head is covered over with bumps of encrustation—you have the masses of encrusted secretion rising considerably above the surface, and presenting altogether a very strange appearance. In some instances the scabs which form on these pustules have a depression upon their surface—a cup-like indentation. When they have increased in size and form, the elevated masses that I have just mentioned have been compared to various objects, and thus different names have been given to different forms of the complaint, derived from the appearance which the encrustation exhibits. Where there is a number of these encrustations with the cup-like indentation of the surface, they have been compared to the appearance of honeycomb; hence the name *porrigo favosa*—honeycomb scall. Sometimes it is said they are like the seeds of the lupine, and the affection has been called *porrigo lupinosa*. There are other instances in which, without rising so high, the encrustation forms circular scabs, and this constitutes the species termed *porrigo scutulata*. Now I do not apprehend that these various names indicate any essential difference in the nature of the disease—they are merely terms applied to modifications of form.—In the first instance the pustules appear to form on the scalp, in the intervals of the hair; but as the disease proceeds, the bulbs of the hair become involved, and are destroyed by the ulcerative process; so that when the complaint has existed for a length of time, and you come to loosen and separate from the head this long-existing and firm encrustation of the scab which I have just described, you will find that a great proportion of the bulbs of the hair are destroyed, and, in fact, that the hair never grows again in that situation. When the disease has existed for a length of time, you find sometimes, even in young subjects, that the hair is completely destroyed, and that the scalp is left ultimately, if you succeed in curing the complaint, just as it is in the head of an old person who has lost all his hair—the hair is entirely removed by the complaint.—The progress of this affection is of course much favoured by the neglect of cleanliness. Thus you find that some of the worst cases occur in children of the middling and lower classes, the latter particularly, where a proper attention is not paid to cleanliness; and frequently the disease which is produced on the scalp is materially aggravated by the additional irritation caused by numerous vermin—for they seem to breed and propagate most excellently in this state of the scalp.—It frequently happens that in this disease the lymphatic glands, through which the absorbent vessels of the scalp pass, become enlarged. Thus you have enlargement of the lymphatic glands seated behind the ear and along the neck.—This affection generally commences in, and is confined to, the hairy scalp; but it may extend from this to the neighbouring skin, and, in fact, over the whole body; so that you frequently find the same kind of appearance over the body which characterizes this disease when it is seated on the scalp—at all events the appearance is somewhat similar in its nature. It is said that this propagation of the disease over the body is produced by a kind of inoculation; that the patient scratches his head, which is the original seat of the disease, and having the matter on his nails and applying them to other parts of the body, he inoculates those parts. But whether it arises in this way, or from other causes, it is not easy to determine.—Porrigo is considered to be a contagious complaint—that the matter which is secreted by the pustules of the inflamed scalp, applied to that of a sound person, is capable of producing the disease; and thus it is found very often, that a child affected with this complaint going into a school will communicate the disease to many others, and that, in fact, often under such circumstances the disease will run through all the inmates of the establishment. I believe it is not ascertained that all forms of the disease possess this contagious property; it is, however, generally agreed, that that form which is called *porrigo scutulata*, in which there is a circular portion of the inflamed skin, with groups of pustules, and rather a superficial encrustation forming upon it, at all events is contagious. I suppose we cannot

very safely trust in practice to the non-contagious nature of the other forms, so that I should be inclined, practically speaking, to act on the idea that all states of this pustular disease of the hairy scalp are capable of communicating the affection from one individual to another.—It has been represented by some of those who have great experience in these complaints, that one form of the disease will produce in another individual a different form—that is, supposing one to have *porrigo scutulata*, it will produce one form of the disease in one person, in a second another, and in a third another; so that the form produced does not so much depend upon the exact nature of the matter communicated as on some circumstance existing in the constitution of the individual in whom the disease occurs. This is a point, however, not yet very accurately ascertained.—Now inasmuch as this disease, in a great proportion of cases, arises from contagion, so of course you do not always see any circumstances in the health of the individual capable of giving rise to it; you find, in fact, in many instances, that this affection arises and exists for a great length of time in children who are perfectly healthy, who have a good appetite, in whom there is a regular performance of the digestive functions, and in whom all other parts of the economy seem in a natural and healthy state.—It has been a question whether *porrigo* must actually proceed from contagion, or whether it may be developed originally under any particular combination of circumstances independent of contagion. On this point I have not, for my own part, any facts capable of elucidating the question; but I find that some of those who have seen the affection very extensively, are of opinion that *porrigo* may arise in an individual under particular circumstances, either of the state of health of the individual, or of the circumstances in which he is placed, independently of the actual communication of infectious matter.

The TREATMENT of this disease cannot be conducted on one and the same plan under all circumstances. You have, in the first instance, an active inflammatory complaint; the period of inflammation passes by, and you have then a long chronic stage of the disease. You would not find one and the same treatment advantageous in the period of active inflammation and in the chronic stage. In the inflammatory stage you must employ an antiphlogistic treatment; you may find it necessary to put on leeches—to apply them behind the ears, or on some part of the inflamed scalp. You may apply cold applications, as saturnine lotion, or spirituous lotions, to diminish the temperature of the inflamed skin;—you may apply soothing applications, tepid ablutions, or warm fluids of an emollient kind, such as warm water poured on bran, or milk and water, and mildunctuous applications. These, combined occasionally with bread and water poultices, are the applications to the state of inflammation. With these means you would unite such mild internal remedies as are calculated to lessen the inflammation. It is a matter of great consequence to keep the surface of the affected part clean and free from the discharge which is produced; there is some difficulty in accomplishing this, in consequence of the discharge being retained by the hair—the hairs become matted together, scab, and encrust. Now it has generally been said that you should have the hairy scalp regularly shaved and cleansed; but you cannot have the scalp of a child, when active inflammation exists in it, shaved; the irritation of the operation would rather aggravate the complaint; in that state of inflammation, therefore, you must be contented with cutting the hair short with a pair of scissors: you thus bring it to a state in which you can easily cleanse the part, so that you do not want the actual process of shaving. When you come, however, to the chronic stage of the affection—when the skin is no longer in that condition of tenderness which is produced by active inflammation—the regular operation of shaving may be performed. But even here the question would seem to be, whether in that state of the skin it is wise to adopt the process, or whether the slight wounds and irritation inseparable from the process may not actually produce greater mischief than the removal of

the hair will accomplish benefit. Under such circumstances, you must be contented to cut the hair short with scissors. Now very rough methods have been recommended with a view to getting rid of the hair from the diseased surface; thus it has been recommended to apply rags spread thickly with ointment, principally composed of pitch, and when these have become fixed, you are to tear them off with the hair attached to them, and to repeat this process till you have got the scalp clear. This is a rough and unscientific mode of proceeding, and I cannot at all recommend it. Again, it has been recommended to take forceps and draw the hair out by the roots; but this is equally objectionable, and indeed is hardly a practicable proceeding. In France, they adopt a plan for applying what are called *depilatory* substances to the affected scalp—substances which have the effect of loosening and destroying the hair; the active part of these chiefly consists of quick lime.—The mode in which these depilatories are used is, in the first instance, to apply linseed or other poultices to the surface of the head, and to wash the part very carefully with soft soap and water every day; and thereby, in the first place, to get rid of all scabs and encrustations, and then to apply over the surface thus denuded (having cut off the hair as close as you conveniently can with scissors) this depilatory substance. There is a formula of this kind given in the work of Rayer, in which he directs that one ounce of lime should be combined with two drachms of the subcarbonate of potash and one drachm of charcoal, and mixed with as much lard as will make an ointment, which is to be spread thickly over the infected parts. A certain quantity of hair will come off; and this application is to be repeated until the surface is completely denuded. Another formula of such depilatory applications consists of twelve drachms of quick lime, ten drachms of starch, and one drachm of sulphuret of arsenic (a bright yellow substance), and this is to be employed in the same way. I have not seen these depilatory applications used, but I should conceive, if they be capable of removing the hair, that this is a much more eligible mode of accomplishing that process than by the application of pitch, or the method of tearing out the hair by the roots by means of the forceps. But of course it is only to be employed in those instances in which the state of the scalp prevents you from removing the hair by the shorter mode of shaving.—When the complaint is in the *chronic* stage, then we can safely employ those active and stimulating substances of which I have already had occasion to speak to you. The sulphur, tar, and mercurial ointments, are perhaps the best for these cases, and they are commonly used in combination, any two being united together in equal parts. They should be spread pretty thick, and applied tolerably copiously, the diseased surface itself having been previously well cleansed by means of soft soap and water. Then the head should be covered with a light linen cap. The plan which is generally employed in these cases, that of placing an oil-skin cap on the scalp, is objectionable. It confines the perspiration, irritates the part, and heats the head. The tar ointment is not unfrequently used, and with considerable advantage, in these cases; and sometimes it is rendered more active by the addition of the sulphate of copper; two drachms of sulphate to one ounce of the tar ointment. Then various astringent substances are applied, in the shape of lotions, in these affections. I may mention that the lotion of acetic acid, which I spoke of in my last lecture, is occasionally used, the parts being lightly sponged over with it before the tar and sulphate of copper ointment, for instance, are applied; and if we suppose that the ointment has been put on tolerably thick, it may be left on for two or three days, and it is only necessary to use the acetic lotion at such times as you apply fresh ointment. The nitrate of silver, in solution, is a useful remedy in these cases, in the strength of from two to ten grains to one ounce of distilled water. That is to be applied in the same manner as the acetic lotion, the parts being previously cleansed, and then sponged with the solution, after which the ointment is to be applied.—The com-

plaint that I am now speaking of has prevailed extensively in a neighbouring institution to this—Christ's Hospital. A great number of the inmates of that establishment have suffered from it in different forms, and a vast deal of trouble it has been to the medical attendants, who have very frequently applied a lotion of an astringent kind with considerable benefit. The lotion is not very unlike ink. It consists of four ounces of decoction of galls, half an ounce of distilled vinegar, two drachms of sulphate of iron, and one drachm of acetate of copper or verdigris, used as a lotion to the parts of the skin that are affected with this disease.—Such are the means that may be employed in the chronic stages of *tinea capitis*, or *porrigo*. The complaint is a very obstinate and troublesome one, and a great deal will depend on the careful application of the local means that are used in its treatment. In a great majority of instances you can do no good whatever by the employment of general means. You find the disease existing in children that are quite healthy, where you can gain no ground by attention to diet or internal medicines, the children being already healthy; therefore much depends upon the careful administration and application of local measures. You must take care that the surface be thoroughly cleansed, that the hair is not suffered to grow, so as to assist in the retention of the morbid secretion, and to add to its accumulation into crusts; and you must ascertain that the substances you direct to be employed in the form of lotion or ointment are carefully and diligently applied; and if you follow up this regularly, you will then succeed in getting the complaint at least into a tolerably quiet state; but the complete and radical removal of the disease is often a matter of great difficulty, with all the means you adopt, and all the pains you can bestow upon the subject.—Drs. Willan and Bateman mention another form of the disease—*porrigo furfurans*, which means a branny or scaly *porrigo*. Now a simply scaly state of the hairy scalp is an affection totally different to inflammation with pustules; and therefore if *porrigo furfurans* be *aborigine*, a state of the skin abounding with a branny desquamation, it must be a different disease from the pustular affection. We may observe, however, as the pustular affection advances towards a cure, a condition of the scalp commences in which there is some hardness of the parts, and in which there is a state of exfoliation of the cuticle, lasting for a long time. The part appears tolerably healthy, but if you rub it with the finger you raise a number of branny scales upon its surface. I believe, however, that besides that form of the complaint which originally is pustular, there is a kind of chronic inflammation affecting the scalp, with branny desquamation of the cuticle, without the formation of pustules. I do not know that you can do more in this case than employ the local stimuli that I have just mentioned, leaving the part previously cleansed by shaving and ablution. But with respect to the state of desquamation which is consequent upon the *porrigo furfurans*, the affection may be kept up by the long continuance of different applications: if you suspect that, you had better confine yourself simply to ablution and soft ointment, to keep the parts soft and pliant.—Then these authors mention another affection of the scalp, which is very singular; I think it is not allied to the preceding, although they have given it the same name—*porrigo decalvans*. It consists in a falling off of the hair from patches of the scalp. There is no inflammation, no formation of pustules, but a gradual loss of hair; and ultimately that part of the scalp which is thus affected becomes of a bright shining white, the bulbs of the hair themselves disappearing, and the scalp appearing like the top of the head of an old bald person. Perhaps in the early stage of this affection, by shaving and keeping the part clean we may stop the complaint, but it is rather doubtful whether we have much power of influencing this affection at all.—There is another affection, mentioned under the name of *porrigo*, which begins on the face, and principally affects that part, and which is characterized by an appearance similar to the pustular *porrigo* on the scalp. This is called *porrigo larvalis*, or *crusta lactea*. Now the name of *crusta lactea* designates two leading circumstances in the nature

of the complaint. First, the formation of crusts upon the affected part; next, its occurrence during the period of suckling, hence called milk crust. This is an inflammation of the skin commencing upon the chin and about the face, leading speedily to the development of numerous small pustules, called *achores*, the discharge of which forms a thin yellowish scab, but the discharge is not so thick in its nature in this case as in the *achores* of *porrigo*; it is more fluid, and hence the French writers have called this *teigne muqueuse*. The discharge commences under the encrustations thus formed, and exudes from the margins, the encrustations themselves becoming thicker and larger. The affection extends from the original situation on the cheeks and face to the forehead, to the neck, and very often it gets over the whole of the body. It occurs not uncommonly in children of gross habit, who are over-fed, and in whom an unhealthy state of the digestive organs is obvious; sometimes it is produced as the direct effect of local irritation. Thus it will occur in consequence of *strumous ophthalmia*, where there is a copious secretion of acrid and stimulating tears, which produces irritation and inflammation of the palpebræ. It causes heat, irritation, and itching of those parts, which leads the children to rub and scratch them. This inflammation extends from the palpebræ to the cheeks and the face. The pustules that I have mentioned form on the integuments, which become inflamed; and thus *crusta lactea*, or *porrigo larvalis*, follows as a consequence of *strumous* inflammation of the conjunctiva. Now in instances where the cause that originally produced this complaint continues to operate, and where treatment has been neglected, you find that nearly the whole surface of the face becomes covered with a yellow crust or scab; and hence the name *larvalis*:—*larva* means a mask, and the term is given from the circumstance of the face being covered over with a layer of scab, that may be compared to a mask.—When you see the complaint in a full state of development it has a very formidable appearance, but it is not a dangerous complaint in reality, and it is tolerably easily removed. I should mention that this is not contagious; it is not, like *tinea capitis*, capable of being communicated from one individual to another; it has no contagious property.—In the inflammatory stage you must, in the first place, if the alimentary canal is loaded, clear it out by active aperients, and then administer such mild opening medicines as will keep the stomach and bowels in a proper state; and you must regulate the diet of the individual. You must employ at this period soothing local applications, and perhaps, if there is considerable heat and redness, you may find saturnine or spirituous lotions useful, or at all events you may bathe the part with emollient fluids, milk and water, or other things of that kind; or you apply mild unctuous applications, as spermaceti cerate, elder flower ointment, &c. When the inflammation is put a stop to, then you can speedily cure the complaint by applications of an astringent kind; I think there is one application of this sort which is equivalent to all the rest—that is, oxyde of zinc, *flores zinci*. This is used, in the form of a lotion, in the proportion of one drachm to one ounce of rose-water, and will answer the purpose extremely well. The zinc is not dissolved in the water, and therefore it requires to be shaken up before it is applied. You dab then the part over with it, and you thus find that the pustules are speedily dried up, and the complaint removed. This substance is sometimes used in the form of an ointment, but it is not so advantageous as the lotion. The citrine ointment, *unguentum hydrargyri nitratis*, in a diluted form, that is, one part of such ointment to four, five, or six parts of spermaceti ointment or lard, may be applied for the same purpose.—Some have entertained great apprehensions that ill consequences may arise from speedily removing or drying up an eruption of this nature. They have stated that hydrocephalus, or some other internal disease, may be produced by it. The same kind of apprehensions have existed respecting the speedy cure or removal of other forms of cutaneous disease. Now these apprehensions are not altogether without some grounds. I should say that it would be a very imprudent course of proceeding, suddenly to stop, even if we had the power to do

it, the *crusta lactea* when it is in the active inflammatory stage, without adopting measures to prevent the supervention of other disease. I should say that in the state of the constitution in which an active inflammatory complaint like this has arisen, if you were suddenly to put an end to it, there would be considerable risk of having the disease in some other form occurring elsewhere, as happens in many other cutaneous complaints. But when disease of the skin is treated on the principles that I have already had occasion to point out to you; that is, when you endeavour in the first instance to remove that condition of the system at large which produces the complaint—when you employ antiphlogistic means in the inflammatory period, and remove the excitement on which the production of the complaint has depended—you may then safely take any means that are necessary for removing the local disease. When you have got the system into a healthy state by these previous measures, you need not entertain any apprehension of disease being produced when the local disease is at an end. There are, however, certain forms of cutaneous affection, particularly certain scaly diseases—lepra, for instance—where it exists for a certain length of time without being entirely removed, being more active at one period of the year than another—where, probably, the individuals in whom such local disease exists derive advantage to their general health from such an affection; and therefore I think in many such cases, even if we had the power of removing the local complaint, it would not be at all wise to use it when the disease remains in a state not very troublesome to the patient. Recovery from that state might lead to more serious internal mischief. I think the notion on which these apprehensions are grounded, although not right when carried to an extreme length, is founded in truth and observation, and ought not to be lost sight of.

ELEPHANTIASIS.

I have next to speak to you of *tubercular diseases* of the skin; not viewing these exactly in the light of inflammatory affections, but rather as changes of structure, with chronic thickening and development of tubercles.—All affections in which there is organic change of a part are more serious than those which consist simply of inflammation. In inflammation there is a serious disturbance, but it is of a temporary kind. We know that the disturbance will go through a certain stage, a certain number of changes, and come to an end; but when you have actual alteration of structure, you find that you have but little power of controlling it. Such is the case with those affections of the skin which constitute the order of tubercles of cutaneous nosologists, and of which I shall have occasion to describe to you several different forms.—The first of these is *elephantiasis*, a disease which does not belong to this climate, but which we have occasion to see in individuals who have been in those climates where the disease is not unfrequent, and who have actually brought it into this country from such situations; for it is a chronic complaint, and will last a great number of years. Elephantiasis occurs in hot countries, and the patients in whom we see it are those who have brought the disposition to it from the East or the West Indies.—In the first instance, it is an inflammatory complaint; there is a considerable febrile excitement of the system; there is an inflamed state of some part of the skin, though this is not marked by the ordinary characters of inflammation in a high degree. On the portion of the skin thus inflamed, tubercular enlargements arise, varying in size from that of a large pin's head to that of a horse-bean. Soon after these are produced, they lose the light red which they had at the commencement, and they are not deeper in colour than the natural skin. They form hard smooth knots, shining somewhat on the surface. After existing for a certain length of time they ulcerate—they form an unhealthy kind of ulcer, from which a scanty discharge takes place; it forms in thin encrustments upon the surface of the sore, and a kind of indolent ulceration is produced, which remains for a long time nearly in the same state, and then slowly cicatrizes. Fresh tubercles arise, which go through the same process—tubercular elevation, induration, ulceration,

and cicatrization. Thus you will see, in a part of the body that is affected with elephantiasis, some of the tubercles in their original state as mere small, pale, shining elevations of the skin; others in the condition of ulceration, intermixed with cicatrices. This affection first shows itself in the face; it affects the forehead, eyebrows, eyelids, the nose—particularly the alæ, the lips, the cheeks, the ears; and then it attacks, first the upper, and then the lower, extremities of the body, showing itself upon the fingers, the skin of which becomes beset with these tubercles, so that the form of the hand is much altered, being thickened and enlarged. The tubercles spread from the back of the hand to the wrist, and at length to the fore-arm. On the lower extremities, the tubercles first appear on the toes, and next occupy the feet; they do not spread much up the legs, nor do they reach, perhaps, the upper arm. Great deformity is produced by the complaint in the face; the alæ nasi are enlarged, fissured, and quite altered in form. The lips become thick and very broad and irregular in shape, and in fact, such alterations take place in the whole of the features that you would not recognise the individual. The affection is not confined to these parts; it extends to the mucous membrane lining the mouth, and the tongue becomes tubercular and ulcerated. There are tubercles on the roof of the mouth and soft palate. The entrance of the fauces is beset with them, and in this way the disease sometimes extends along the air-passages to the mucous membrane lining the lungs. In one or two cases that I have seen, the disease has ended fatally by the affection extending along the mucous membrane to the lungs. In other instances, these affections are attended with considerable depression of the general powers, constituting that kind of state which nosologists have called *cachexia*—depraved habit of body. The pulse is small and feeble; the functions, generally, are imperfectly executed; the individual is labouring, in fact, under a state of decay of constitution, and the existence of the disease, the recurrence of attacks of inflammation, and the development of new sets of tubercles, continue to depress the powers, and thus the patient sinks under the complaint; such sinking, however, does not take place till after the complaint has lasted for a great length of time.—In the inflammatory stage of this affection, you must, of course, employ such means as are necessary to check the inflammation; but in the chronic stage, so far as I have seen the complaint in this country, I think there is but little to be done by medicine. It has been supposed that arsenic, mercury, and some other active means, may be capable of arresting the progress of the complaint; but, according to my experience, all these powerful means do more harm than good; and the only plan that I have seen attended with any beneficial effect in the chronic stage, is that of giving the patient good diet, good nourishment, keeping him quiet, and not giving him any more medicine than is just necessary regularly to open the bowels. Under such a course of treatment, I have seen persons, for a time, get tolerably well, the tubercles indeed remaining, but the ulcerations healing up, and the patient attaining what we might call a good state of health for one whose constitution is thus affected; but, I believe, in the end they generally die of the disease.

LUPUS.

The next affection of a tubercular kind that I have to mention is that called *lupus*, a disease occurring in the face. This is also known by the name *noli me tangere*, which, I need hardly inform you, means *touch me not*—a kind of indication of the intractable nature of the affection.—It commences with inflammation and swelling about the nose, or some part of the face, and elevation, with a bright red and pretty active inflammation of the skin, which then proceeds to a state of foul ulceration. Sometimes, however, we do not observe any previous tubercular affection of the skin.—We see that the integuments of the nose, for example, assume a bright, and occasionally a deep livid tint from the inflammation, and then go into a condition of unhealthy ulceration, without any tubercular character. The instances in which there is a previous formation of bright, red, shining tubercles, seem to be chiefly in scrofulous subjects, in

whom the complaint altogether may be deemed rather bordering on scrofula affecting the skin. In this form it occurs in young subjects. But the form of lupus which appears to be most intractable is that which occurs in adult persons, where inflammation of the skin takes place, and foul ulceration ensues; and the process destroys the parts in which it is seated, spreading with a vivid red inflamed border. In this way we not unfrequently find that a considerable part of the alæ of the nose, or other part of the organ, becomes destroyed; and, in fact, the extension of the complaint in many cases completely destroys all the cartilaginous and bony parts of the nose. The ulceration sometimes extends so as to divide the septum of the nose, so that this part very frequently is lost, or considerable destruction of it takes place, before the alæ suffer much. In the case of the tubercular disease, it not unfrequently happens that there is an affection of the cheeks, near the nose, as well as of the nose itself: in either case the affection may extend to the upper lip. The constant flow of the discharge produced by the disease over the upper lip, seems to give rise to this propagation of the disease in that direction. I should mention to you that this disease is sometimes spoken of under the name *herpes exedens nasi*. Now the term herpes is usually applied to a vesicular disease produced by inflammation, running a certain course, and then coming to an end: it is an affection, therefore, totally different from this corroding ulcer—this lupus, occurring about the nose. Of course you will conclude that this disease commonly takes place in individuals in whom there is some very unhealthy state, either of the system or of the constitution generally. I have mentioned that in young subjects it takes place in those of a scrofulous disposition, and that the form of lupus that takes place in adults is generally traceable to something in the habits of the individual—to intemperance of diet, or to some of those habits that produce plethora. You do not find it taking place in healthy persons, who live temperately and properly.—Your first object in the TREATMENT of this case must be to remove those causes that give rise to the affection. You sometimes find a condition of the system that renders it necessary to take blood from the arm, to employ active purgatives, to regulate the diet of the patient, and prevent the introduction into the stomach of stimulating articles, whether fluid or solid. In this period of the complaint, while you rectify the cause or remove it, you must adopt mild and soothing local measures—the application of soft poultices, tepid ablutions, and mild unctuous applications. These are the means that should be applied locally; but when you have accomplished all you can by these means, then you must apply other and more active local measures, to put a stop to the foul and unhealthy kind of ulceration, from which the discharge keeps constantly exuding. The nitrate of silver in solution is a very useful application of this kind. It may be applied by means of lint under a bread and water poultice. Then long experience has established the efficacy of arsenical applications in these cases; and these means have produced so much good in cases of these corroding ulcers about the face, that hence has arisen the reputation which arsenic has acquired as a remedy in cases of cancer generally, because the ulcerations on the face have been deemed cancerous, though there is really nothing cancerous in their nature. The liquor arsenicalis, of the London Pharmacopœia, is a common form of using this remedy locally. In some circumstances you must dilute this with distilled water; under others you must apply the liquor arsenicalis of its full strength, which will frequently produce a superficial slough of the part to which it is so applied. The arsenical remedy has been used of various degrees of strength, by different practitioners. Dupuytren uses it generally in cases of this kind, but in a very mild form; he employs a combination of arsenic and calomel; 199 parts of calomel, and one part of white arsenic, sprinkling the powder copiously upon the part, and repeating the application frequently. There is a French remedy, consisting of ten grains of white arsenic, two scruples of cinnabar, and one pinch between the finger and thumb of the ashes of old shoes—I suppose any other inert substance may

be as well employed as the latter ingredient; now this is to be made into a paste with saliva, and the paste thus formed is to be spread upon the surface of the sore. It is a tolerably active remedy, and capable of producing a slough; and when arsenic is employed in that way it completely destroys, to a certain depth, the parts to which it is applied, and converts them into a tough, dry, yellow, or brownish inorganic substance, which separates and sometimes leaves a healthy surface. Rayer and Dubois use another formula—that is, half a drachm of arsenic, one ounce of French vermillion, and half an ounce of dragons' blood. This also is to be employed in the form of a paste, being mixed either with saliva or mucilage. The strong form of arsenic produces decomposition of the surface to which it is applied, giving rise to a slough; while in the milder form it is little more than an active stimulus to the parts. The white arsenic may be used in the form of ointment, mixed with spermaceti cerate: one scruple of white arsenic to half an ounce of spermaceti ointment will make an active application, capable of producing a slough. There can be no doubt that this is a powerful remedy; but you will recollect that arsenic, when applied either to a recent wound or to an ulcer, is capable of producing the same poisonous effects on the animal economy which it will produce when introduced into the stomach; therefore you must not employ active forms of the remedy to any considerable extent of surface. If you have a large surface you must employ a mild form of the remedy, or else employ the more active form only partially. You must be very much on your guard in using this remedy. By these and similar applications, ulcers having the character of lupus are very often put a stop to; but it commonly happens that they produce considerable destruction of the part in which they are situated before this object is completely accomplished. Sometimes the ulceration destroys one side of the nose, frequently the septum, and not uncommonly the entire organ. But though intractable, the complaint is not necessarily malignant; indeed, its worst effects consist in the deformity it produces, by the destructive progress of the ulceration.

SPIRIT OF THE MEDICAL PRESS.

CASE OF CALCULUS IN THE URETHRA, BY DR. FOLEY.

M. K., a boy eight years old, of sound, excellent health, was discovered, on the morning of the 7th of March, 1838, to exhibit very great distress, in frequent and long-continued efforts to pass his urine; instinctively pulling at the penis, in hope that such exertion would remove the obstruction. The urine was voided in very small quantity, and with such agonising pain as to excite the deepest sympathy for his suffering. On being questioned by some members of the family, he stated that he was suffering during most of the night, and all the morning—concealing his condition lest it should be supposed that it was in any way produced by himself.—I found him exceedingly unwell—labouring under violent excitement—a small, quick, irritable pulse—hot skin, great restlessness—inclination to vomit—and excruciating pain when attempting to empty the bladder—a distinct, circumscribed tumour in the hypogastrium. I wished to open a vein in the arm immediately, which the little fellow would not at all submit to; warm bathing and purgatives were used with little or no advantage. When the general irritability was, in some degree, reduced, I was able to introduce a catheter, (No. 2,) and draw off a large quantity of urine. There was a great difficulty in introducing the instrument, owing to an obstruction in the membranous portion of the urethra, immediately anterior to the prostate gland. Considerable management was required to get the catheter beyond this place; it was quite plain that some solid resisting body occupied

that part of the canal. The child never exhibited any symptom of calculus up to the commencement of the present attack, and resolutely denied having ever introduced any foreign body into the urethra. The suddenness of the attack—the severity of the symptoms, and difficulty of passing the catheter, which should be done often from the free *secretion* of urine, and violent pain in attempting to discharge it naturally, and intolerance of retaining the instrument longer than was necessary, at each application, rendered the case exceedingly difficult.—The patient was treated with aperients, opiates, leeches, &c., &c., during three days; for awhile, with a good deal of relief.—A solid substance was now discovered in the *spongy* portion of the urethra, which, by careful propulsion, was brought to within about half an inch of the orifice, and proved to be a regularly-formed urinary calculus, as large as a middle-sized bean; considerably too large to entertain any hope that it would pass through the external orifice. The next idea was to lay open the corpus spongiosum, and remove the calculus. Before resorting to that operation, I determined on trying attrition; having bent a silver probe, like a close hook, and slipped it under the stone to prevent its recession, with a sharp-pointed probe, worked as a drill between the fore-finger and thumb of the right hand, I succeeded in perforating it in two places; it was then broken into fragments with a small-pointed forceps, and the whole, in a few minutes, removed. He was, in two days after, perfectly well.—I am thus minute, because, as was stated before, he showed no symptom of calculus disease, until the above violent symptoms set in so suddenly; and from the removal of the stone up to this moment, there was no trace whatever of sandy discharge, or any other sign of lithic diathesis. The stone was urate of ammonia.—*Dub. Med. Press.*

PROVINCIAL MEDICAL AFFAIRS.

ABERDEEN.—KING'S COLLEGE MEDICAL SCHOOL.—The following gentlemen, attending Professor Gregory's Lectures on *Materia Medica*, obtained prize certificates, after a competition by written questions:—Mr. Hugh Wilson, A.M., first; Messrs. John Christie, A.M., Gordon Shearer, Alex. J. Fraser, equal. The following gentlemen obtained honourable mention, having given answers but little inferior to the prize exercises:—Messrs. James T. George, Alexander Thom, James Gerrard. The following gentlemen obtained prize certificates in Mr. Robertson's class of Midwifery, and in the following order of merit:—Mr. Gordon Shearer, Mr. Wm. D. Ewen, equal; Mr. James T. George, Mr. J. Moir.—On the 28th ult. the prizes given by Mr. Kerr, for superior attainments in Surgery, were, after comparative trial, awarded to the following gentlemen, viz.:—Senior Class, Mr. James Coutts, Mr. J. B. Nicholson, equal; Second Class, Mr. Gordon Shearer; Junior Class, Mr. Alexander Dunean.

ANTRIM.—THE PAYMENT OF MEDICAL MEN.—The following resolution has been passed by the jury of this county:—"It having appeared to the grand jury, that magistrates have been in the habit of ordering excessive fees to be paid to medical witnesses, on the occasion of their attendance at inquests, the grand jury think it proper to recommend that a fee, not exceeding one guinea, shall be paid to medical witnesses, in cases where a post-mortem examination has not been necessary, and in cases where a post-mortem examination has been necessary, a fee not exceeding two guineas."

BRADFORD INFIRMARY AND DISPENSARY.—On Monday evening last, the committee chosen at the annual meeting of the subscribers to these institutions, met at the Board-room, for the purpose of deciding which of the three plans put in by Messrs. Sharp, Rawstorne, and Knowles, should be adopted. After mature consideration, Mr. Rawstorne's plan was chosen—for him six voted, for Mr. Knowles three. The Infirmary will be a new building adjoining to, but distinct from, the Lodge, and built capable of containing nearly (if not all out) one hundred beds. The Dispensary will be in the present building that is the Lodge, and this will be altered so as to serve for the Dispensary and the kitchens of the whole establishment. The whole of the in-door patients it is intended to accommodate in the new building, and the out-door patients will be attended to in the Dispensary.—*York Courant.*

DUBLIN.—IRISH MEDICAL CHARITIES.—A rumour has reached us, from many quarters, that some measure is on the tapis, having, for its object, the consigning of the whole of the medical charitable institutions of Ireland into the hands of the poor-law commissioners. We have not been able to learn the precise grounds for this report; but, we have reason to believe, that it is not without foundation. Whatever the design contemplated may be, it is kept very secret—a circumstance of itself sufficient to create suspicion and distrust. It is said that no distinct bill is intended to be introduced; but that in the course of any amendment of the poor relief act which may be brought forward during the session, a clause or two will be quietly added giving the commissioners full authority over the hospitals, infirmaries, and dispensaries throughout the country. It is hoped by some that the few foundation hospitals of Dublin may escape; we would not, however, advise those interested in them to be over confident. A ready argument for interference with them is furnished in the fact, that they were designed by their founders for the use of the "poor"—those are "poor" whom the poor-law commissioners or boards of guardians may determine to be such, and in deciding upon who are to be admitted to the benefits of such institutions, a jurisdiction, superior to that of the special governors, may, without much violence, be attributed to, and exercised by, the former authorities. We do not mean to say that this argument is conclusive; but it is one possessed of force, and furnishes abundant reasons for those interested in the foundation charities to put themselves in the same boat with their provincial brethren. We shall not lose sight of this subject.—*Dublin Med. Press.*

EDINBURGH.—A TESTIMONIAL was presented to Mr. Fergusson by his professional friends, upon the occasion of his leaving Edinburgh to enter on his duties at King's College, London. The tribute consisted of a handsome silver tray, and a beautiful claret jug of the same material.—The vacancies at the Infirmary here have been filled up by the appointment of Mr. Handyside to the post of surgeon, and of Mr. Duncan, and Mr. Miller, as assistant-surgeons.

LEEDS SCHOOL OF MEDICINE.—At a meeting of the Council of this institution, held on Thursday last, prizes and certificates of honour, after careful examination as to proficiency in the several classes, were awarded to the following gentlemen:—*Surgery*—Medal, Mr. J. Hudson; Certificate of Honour, Mr. Metcalf. *Materia Medica*—Medal, Mr. G. M. Harrison; Certificate of Honour, Mr. W. H. Bywater. *Chemistry*—Medal, Mr. E. Joy. *Principles and Practice of Physic*—Medal, Mr. J. Hudson; Certificate of Honour, Mr. J. B. Langley. *Midwifery*—Medal, Mr. J.

Hudson; Certificate of Honour, Mr. J. A. Locking.

LIVERPOOL VACCINE INSTITUTION.—At a meeting of the Town Council, a letter from Mr. King Ellison, and Mr. James Long, surgeons, was presented. The writers stated that they had been intrusted by Mr. James Dawson with the gratuitous practice of vaccination at the Liverpool Vaccine Institution, and that, though the institution conferred great benefit upon the public, they had hitherto to pay a part of the expense incurred in the rent of a house, &c., besides giving their services. They prayed that a house in a suitable locality might be granted to them by the corporation, or some means devised for the purpose of rendering the institution permanent, and its sphere of utility more extensive. Upwards of 27,000 of the children of the poor had been gratuitously vaccinated since the establishment of the institution.—Mr. BLACKBURN said that the institution was a valuable one, and attended with slight expense. He moved that the petition be referred to the Finance Committee.—Seconded by Mr. Jordan, and carried.

ST. ANDREWS.—The following gentlemen, after a strict examination this day (May 5) obtained the degree of M.D.—Mr. Hugh Dalrymple Alexander, Dumfries; Mr. George Ogilvy, Madras; Mr. Francis Burdett Moffat, Kelso; Mr. Hans Fleming, Dublin; Mr. James Stedman, London; Mr. James Macness, Eastings, Sussex; Mr. William Armstrong, Harrington, Cumberland; Mr. Charles Alex. Gordon, Kirkmichael, Banffshire; Mr. John Willett, Wiltshire; Mr. John Taylor, Ceres; Mr. Roderick Fraser, Ross-shire; Mr. James Macgregor Grant, Morayshire; Mr. John Leslie, Sligo; Mr. Francis Nicoll Mac-hardy, Morayshire.—Three individuals were remitted to the August examination.

We regret to find that while fever is alarmingly on the increase in Wexford, the funds of the Fever Hospital are so very limited, that if the public do not at once come forward, that institution must be closed in July or August next. This is an alarming state of things, and should be promptly attended to; if contagion is suffered to spread by the unavoidable rejection of patients into the Fever Hospital, the consequences may be most disastrous. Self-preservation, if not the calls of humanity, imperatively require speedy aid to be afforded.—*Wexford Paper.*

MIDLAND MEDICAL UNION.—We are glad to see that at a meeting in Parsonstown, it was resolved to establish an union of medical men, "to maintain the independence of the Medical Profession, and to secure to it that protection from the government, the legislature, and the public, to which it is so justly entitled," to which end it was deemed necessary to establish "a permanent union of the Medical Practitioners of this part of Ireland, to be denominated 'The Midland Medical Union.'"—The further objects of the union are to co-operate and communicate with the Central Metropolitan Association of Ireland—to promote a more general *personal* acquaintance and intimacy among the Members of the Profession than at present exists—to effect an amicable arrangement of disagreements among its members—to defend and support their rights, privileges, and interests, and to communicate such observations as may prove interesting to the Profession.—Dr. Kingsley, of Roscrea, was appointed Chairman, and Dr. Waters, Parsonstown, Secretary, for the ensuing year. [We hail this further sign of organization of the profession with much satisfaction, regarding it as another step forward in the good cause.]

TO CORRESPONDENTS.

MR. JACKSON'S promised communications will be acceptable; if made up to Saturday, and posted on Monday, they would be in time.

MR. UPTON.—The back numbers may be ordered of any bookseller in the kingdom, and thus obtained free of extra charge. If sent by post, they would cost twopence each extra, as the early numbers were not stamped. All, or any of the back numbers or parts, may be had at present, though they will soon be out of print; the sale has risen so rapidly.

RECEIVED—Yearsley's Contributions to Aural Surgery, No. 1.—Several reviews (in type) are postponed for a week.

DELTA.—The Academy of Sciences on Saturday, and remainder of Academy of Medicine (if not long) on Wednesday, would do very well. We will carry out his plan if he writes early. The journals shall be punctually sent. Perhaps he will send a list of all he desires, with full addresses, and they shall be regularly posted on Friday nights.

DR. KIRKMAN has our thanks for the Report of the Suffolk Lunatic Asylum. We fully agree with him as to the "advantage of moral restraint over physical, in the treatment of insane persons," and that "no restraint is equal to the all restraining power of universal kindness." Dr. K.'s practical testimony to this important fact is most valuable.

RECEIVED—Communications from Mr. Wardlesworth, Rochdale; Mr. Jessup, Park-street; An Evening at Guy's Hospital.

Z.—A note by post.

ROCKET will also hear by letter in a day or two.

MEDICAL STUDENT, EDINBURGH, is right in his denunciations on a paragraph in the "Sun" newspaper, containing an account of certain "magical cures," wrought by a "Dr." Turnbull, on deaf, dumb, and blind persons. We are not surprised that when he read the appended "Editorial puff, so fulsome and outrageous," that he "threw down the paper in disgust, wondering how the editor could be so easily duped." It is truly disgusting, and degrading both to the profession and the press; but we can explain to Medical Stud. how "the editor inserted such a complete humbug;"—the article, and the editorial puff, were paid for.—The papers, to their shame be it spoken, print anything if paid at advertising price.

J. L.—All copies going from our office are clean and uncut. The mischief must arise at the post-office, and if our correspondent will forward particulars, with the name of the postmaster, we will at once apply to Col. Maberly on the subject.

PHILOMATHICUS has our thanks. We have already referred to the Turnbull quackery, and shall do so again, with double determination to expose it.

SPECIMEN OF THE DUBLIN APOTHECARIES' EXAMINATION.—The questions were put on a recent occasion, "Where do galls come from? From Aleppo. Where is Aleppo? In Smyrna. What is the latitude and longitude of Smyrna?"

ONE OF THE INJURED PUPILS.—Yes, we hear it is true that Mr. Richard Quain, at the termination of the past session, congratulated his class upon their having had a bountiful supply of bodies for dissection; adding, that the mode which had been adopted, and which must in future be followed up, was, that "as long as they had a sufficient supply, they must kick up a disturbance for more; but that when they had an overplus, they might be quiet." What can be said favourably with regard to the principles of the man who would make use of such expressions before his class,—or of the bill which gives license to such doings? If a public registry were kept—and if the Inspector was obliged to visit the metropolitan dissecting-rooms every month, that the comparatively destitute condition of other dissecting-rooms might be proved to his very teeth, such a fantastical assertion, so seriously affecting the lives of the community, could never have been made.

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THE MEDICAL TIMES.

THE CONDITION OF "MEDICAL REFORM."

It may be serviceable to recapitulate the facts connected with the question of Medical Reform as it now stands, more especially in relation to the professions of the self-elected Medical Reform champions. In so doing, we may repeat the statement which, some three months since, we placed before our readers—a statement of the question which still, unhappily, holds good, and which a short conversation which occurred in the House of Commons on Tuesday night, illustrates, most completely. Our statement then, and now, stands thus:—

"Nearly seven years ago the crying evils under which the Medical Profession laboured, induced the appointment of a Committee of the House of Commons to inquire into the Medical abuses. Of this Committee Mr. Warburton was chairman, and before it were examined a great number of the more prominent physicians and surgeons of the day—the great majority of whom were connected with the government of the established corporations, and consequently interested in perpetuating the existing state of things. But notwithstanding the partizan character of the witnesses, notwithstanding the one-sided complexion of the testimony, the flagrant abuses, the infamous monopolies—were exposed in their native enormity. The champions of the Colleges of Physicians and Surgeons, the supporters of Rhubarb Hall—became the unwilling witnesses to the worse than unless state of their darling corporations. The monopolists were condemned out of their own mouths—and those who came before the Committee with full-blown importance to uphold their powers and privileges, saw that their own advocacy was just sufficient to swamp their own cause. This crushing evidence was ordered to be printed, and nearly all of it,—contained in two large volumes,—was accordingly completed. This was about the time that the Houses of Parliament were unfortunately burned down, and many of our readers will recollect, that although the room in which were the papers belonging to the Medical Committee did

not escape the flames, yet, owing to the praiseworthy exertions of some gentlemen who volunteered their services on that occasion, the only portion of evidence which was destroyed, and which, consequently, has not seen the light, was that afforded by some lecturers at a private School of Medicine. Although this lost evidence was valuable, yet more than enough was saved to prove the wrongs complained of, and to point out their proper remedy.—With this evidence at command the line of conduct which the self-elected champions of Medical Reform, WARBURTON, WAKLEY, and Co., should have pursued, was plain and obvious. A report, founded upon that evidence, should have been called for, and a bill founded upon the report introduced into the House. An opportunity would, by these means, have been afforded for giving the subject a tangible shape, and if one session had not completed the removal of the admitted abuses, another might have finished and perfected what had previously been begun. Such a line of conduct, too, would have proved that these 'men of promise' were not mere mouthing candidates for public praise and professional support—that Mr. Wakley advocated the cause of Reform for the sake of carrying it, rather than to attract notice to himself and notoriety to his Journal. It would have evidenced his willingness to be an honest and consistent champion,—and shown a sincere desire to make some return for the many flattering favours and substantial benefits which the Medical Profession, and they alone, have heaped so profusely upon him.—But this was not done; this line of conduct has not been pursued, and we may inquire the course that has been preferred and adopted. A session was allowed to pass—with promises. Another went by, unmarked by anything but a repetition of the broken pledges of the previous year. A third parliamentary campaign commenced, and again the worn-out hash, of profession and cajolery, was dished up to the disappointed supporters of the medical patriot; and thus session by session, year by year, things have stood, until the lapse of near seven years has demonstrated too sadly the folly of again placing reliance upon a reed which has so often been broken, upon promises so often falsified, upon faith again and again shamefully deceived. But the juggle, though despised by all else, is still fondly clung to by those whom it has so often served; and accordingly we have the clique, by their mouthpiece, Mr. WARBURTON, promising to "move, after Easter, for the appointment of a Committee of Inquiry into Medical Abuses." This is too bad. This truly out-Herods Herod; and after it we should not be surprised to hear the same honourable member moving for a Committee to determine whether the sun gives out light or darkness, or whether fire is hot or cold. The abuses are admitted on all hands. Evidence has been printed, which displays them; and the excuse for delay is equally flimsy and contemptible. But unless the Reformers bestir themselves, it will succeed; unless petitions are poured in to ask—not for more evidence, but for a report upon that already before the House—another year will be lost. For "after Easter," we should read "after Christmas;" and the friends of Reform must be assured that unless a report is at once obtained, and a Medical Reform Bill introduced, by Mr. French, or some other independent member,—that another seven years may elapse before the evils are redressed—another race of educated practitioners be starved out of the field by empiricism and imposture—and still another crowd be added to the myriads of victims already immolated upon the blood-dyed shrine of rampant and unblushing Quackery."

Our anticipations have proved but too true. Medical Reform *has been* juggled over Easter—notwithstanding the exertions of those who saw through the manœuvre, and strove to defeat it; the measure has been successfully shelved, and inquiry and amendment alike procrastinated. As we have just stated, an incident occurred on Tuesday night last, pregnant with meaning: the few lines display the real state of the case in a light which none can mistake:—

“THE MEDICAL COMMITTEE.

“Mr. F. FRENCH wished to inquire from the honourable member for Bridport, when it was his intention to bring forward his motion respecting the evidence taken before the Medical Committee appointed in 1834?

“Mr. WARBURTON was understood to say, that the time for putting the question, according to the rule of the House, had elapsed; but if the honourable member would put his interrogatory at the proper time, he should obtain a satisfactory answer. (‘Hear, hear,’ and laughter).”

“*Laughter!!*” Well *may* they laugh. Seven sessions have heard the cry of Medical Reform—seven sessions have seen the mountain produce a mouse. Mr. French—simple Mr. French—inquired when “the honourable member for Bridport intended to bring forward his motion respecting the evidence *taken before the Medical Committee in 1834?*” On the day of judgment, or the day after, perhaps. The laugh said this. The ingenious handle made use of by the honourable member for Bridport—“the time for putting the question, according to the rule of the House, had elapsed!” Fortunate hour! Lucky Warburton! What a laboured excuse was saved, “by the rule of the House.” But, simple Mr. French to ask the question! He, at least, has breathed the air of St. Stephen’s long enough to have known, that to shuffle and procrastinate is the *only intention* of the self-elected champions of Medical Reform in the House of Commons—and we are convinced, that until the Profession feel this also, *and act upon the knowledge*, nothing will be done in earnest to advance Medical Reform.

UNIVERSITY OF LONDON.—On Tuesday night, in the House of Commons, Mr. HUME moved for a return “of names of the members of the Senate of the University of London; copies of the minutes of the Senate, and of committees of the Senate; names of the several examiners, with the amount of salary paid to each; also, the number of students who have matriculated or obtained honours in the said University, distinguishing the honours obtained by each.” The return was ordered.

PETITIONS.—House of Commons, Friday, May 15, 1840.—Lord Hotham presented a petition from Great Ripon, in favour of Medical Reform.—Lord Teignmouth presented a petition from Mary-le-bone, and Mr. Leader presented a petition from St. Martin’s-in-the-Fields, Westminster, in favour of Medical Reform.

APOTHECARIES’ HALL.—Names of gentlemen to whom the Court of Examiners granted certificates of qualification, on Thursday, May 14th:—R. Thomas, York; W. J. Ward, Clifton; T. C. Pyman, Witham, Essex; G. Woodcock, Leicestershire; A. Dyer, Trowbridge, Wilts; E. Meade, Princes, Risborough; S. Parker, Sheffield; H. Taylor, Nottingham.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Bulletin de la Société Anatomique.—*Bulletin Chirurgical de Laugier.*—*Gazette Médicale.*—*Gazette des Hôpitaux.*—*L’Esculape.*—*L’Experience.*—*Revue Scientifique et Industrielle.*—*Archives de Médecine Belge.*

Hypertrophy of the left Ventricle.—*Constriction of the Aortic Orifice.*—*Mucous Tubercles of syphilitic appearance on the auricular surface of the Mitral Valve.*—The symptoms during the first twelve months, were oppression and palpitation, which were relieved, from time to time, by bleeding and repose. On being received into the Hospital of Alais, he had cough, with frothy and sanguinolent expectoration; his respiration was extremely difficult. The countenance was pale and bloated, the lips livid, and the limbs slightly cedematous. The pulse was strong, full, and regular, and its beat isochronous with that of the heart. The respiration was audible throughout the chest, on applying the ear to it; no dulness was heard on percussion excepting at the substernal region. On placing the hand upon the heart, its pulsation was felt to be powerful, and *more so on the right side, extending even into the axilla.* A rustling noise was heard in the cardiac region by regular jerks, without intermissions, and seeming to alternate with the arterial pulsations. A strong sound of bellows was heard in the short interval which separates the *systole* from the *diastole*. The treatment consisted in bleeding, digitalis, and morphine, by the endermic method. At the end of a month from the period of noting these symptoms death closed the scene.—On dissection, serum was found in the pericardium and pleura. The lungs were infiltrated with blood; the wall of the left ventricle was hypertrophied, and its cavity diminished. Two of the sigmoid valves were converted into osseous substances, large as a chesnut, entirely obstructing the aortic orifice, so as scarcely to admit the passage of a probe. The left auricle was considerably dilated, but its substance not enlarged. The free edge of the mitral valve was covered with vegetations resembling syphilitic mucous tubercles; some of them had an irregular nipped surface, like venereal warts, or the head of a cauliflower, some had the size and aspect of strawberries, all of which produced a thickening of the valve, which impeded the closing of the auriculo ventricular orifice.

That pestilential Disorders are not communicable by contagion is a doctrine maintained by numerous advocates, and if any name could give weight to such an opinion, it would be that of Clot Bey, a French physician, the founder of the Alexandrian school of medicine, who for fifteen years past has been physician to the Viceroy of Egypt. On Monday last the Amphitheatre of La Pitié was crowded to suffocation, to hear the result of this gentleman’s experience on the *contagion or non-contagion of Plague*, and we are indebted to the *Gazette des Hôpitaux* for the particulars of that meeting.—On the morning of Clot Bey’s first arrival in Alexandria, fifteen years ago, he was invited to visit a patient, supposed to be labouring under malignant fever, on board of a ship in the harbour, just arrived from Cyprus. The man, who was brought on deck for examination, was able to stand erect, but on advancing staggered like a drunken man, his eyes were turgid, and his face flushed. He had an enormous carbuncle on his back, and the glands of the axilla were enlarged. Why this should be affirmed to be a case of plague I know not, but such was the opinion of all the practitioners who saw him;

the ship was sequestered, the man was taken to the hospital, and died.—Great was the surprise of all concerned, to find that the disease was not communicated to others, and Clot Bey, who was previously prepossessed in favour of contagion, now, for the first time, seemed to have discovered his error. This, indeed, was jumping to a conclusion in high style, for the whole circumstances of the case, if properly reported, prove it to have been one of common *anthrax*. It is specially remarked that no plague existed in the port from which the patient started, and as we must ascribe the pestilential disorder, at least, to emanations of some kind in the air, to which multitudes must have been exposed in common with himself, I think the disease has been mistaken.—Another circumstance related is, I think, more conclusive in favour of non-contagion. On one occasion, when Alexandria was desolated by this disease, the Pacha, with a suite of 300 persons, withdrew to a country seat at some distance from the capital. The place was surrounded with pallisades, and a military cordon was organised to prevent all communication from without. Yet the plague broke out in the very centre of the place, while the soldiers at a distance from the pallisades became the last affected. Of the 300 persons constituting the suite of the Pacha, only seven were affected.

Cases of Anthrax, with Chronic Hepatitis.—*One fatal.*—The *Gazette des Hôpitaux*, which supplied the case of supposed plague, records two of *anthrax*, which are accompanied by judicious remarks on the fallacy of the treatment by deep incisions, revived by Dupuytren, after having been abandoned by the surgeons of the olden times. The first patient had laboured under three attacks of hepatitis, with jaundice, which left behind them pains in the region of the liver. At length she was seized with general lassitude, tendency to vomit, swelled and painful abdomen, followed by a painful tumour in the right lumbar region, eight inches in circumference. A livid eschar speedily formed on its summit, and the other part of the surface was covered with white pustules. Suppuration had already taken place in the lower part of the tumour, when the medical attendant, Bellucci, was called in.—The constitutional symptoms were those of inflammatory bilious fever. The general treatment consisted in emetic tartar, (perhaps in large doses, for nothing is said on this head,) so as to produce abundant alvine excretions and vomitings of bile. Bleeding was most unaccountably omitted, and to this circumstance, and a want of sufficient activity in the treatment, I ascribe a continuance of the carbunculous diathesis, which remained to the end of three months; for after the tumour had separated its eschar, and seemed to be in a fair way of cure, on the fortieth day others broke out, and all the constitutional disturbance returned.—In such cases the treatment should consist in great depletion, emetic tartar, and mercurial frictions.—The second case terminated fatally, perhaps from feeble treatment.—The same journal reports a case of *inflammatory paraplegia cured by stricnine*. The patient was received in the Italian Hospital of Loretto, for gastro-rheumatic fever, and complete paraplegia. After the rheumatic affection had subsided, a twelfth of a grain was given daily, which was increased every eighth day, until at the end of about four months it had reached the dose of 1½ grain. A further increase of 1¼ grain produced tremendous tetanic convulsions in the lower extremities, which were considered to require bleeding, a warm bath, and a calming potion. The limbs, which before were impotent and insensible, now acquired their sensation and motion.

Metallic Colic (suspected to arise from the constant handling of silver coin)—Efficacy of Tobacco in its treatment.—This case is related by the *Gazette Medicale*. The patient for seven years past had been employed either in melting up old silver coin for the extraction of gold contained in it, or was in the constant habit of manipulating silver coin at a money-changer's. He was attacked with colics, accompanied by constipation and headache, for which he was bled with benefit, but the symptoms more or less harassed him at intervals, until, on the seventeenth day from their accession, he was attacked with extreme violence; the abdominal muscles and limbs were affected by severe cramps, the latter were kept in a state of flexion, and the seat of the cramp was extremely painful. So acute, indeed, was the suffering, that the man could scarcely speak in answer to the questions put to him; he had violent hiccup, and made constant efforts to vomit, with the ejection of green, porraceous, and filamentous matter. The bowels had not been evacuated for eight days. There was neither headache nor fever; the belly was hard, and the spasmodic retraction of the muscles was perceptible through the skin. Slight pressure produced pain, but the patient could better endure a stronger.—For three days various remedies were tried without the slightest benefit; opium, oil of croton, senna, salts, emetic-tartar, leeches, warm bath, glysters, cataplasms, with and without laudanum, and sulphuric lemonade. No evacuation of the bowels had been obtained, and the symptoms had attained an awful degree of intensity, when *two drachms of tobacco infused in six ounces of water were administered as an enema, with almost instantaneous relief*. The colics and pains of the limbs disappeared as by enchantment. For several days the colics relapsed, apparently from a want of vigorous prosecution of the treatment by purgatives, and a sufficient dose of the tobacco, which last, nevertheless, had always the effect of subduing the violence of the pain, although, for some reasons not explained, the quantity of the leaves in infusion was reduced from two drachms to half a drachm. In about three weeks the man returned to his daily occupation, but eleven days afterwards the colic returned, and was speedily followed by complete paralysis of the motor nerves of the upper and lower limbs, without loss of sensation.—This paralysis, treated by nux vomica, has continued from the latter end of November to the present time. On the 1st of April it was sufficiently relieved to admit of the patient's walking with some difficulty, and he could move his arms. The author adverts to many cases of money-changers and others affected by colic from the handling of silver.

In what cases and circumstances is it necessary to employ Mercury for the cure of primary Syphilis?—Such is the question propounded by Dr. Destruelles in *L'Esculape*, and the solution may be inferred from an extract which shows in what cases it ought not to be employed, viz., in those where the symptoms partake of an inflammatory character. The antiphlogistic treatment, says Dr. D., in many cases acts with marvellous rapidity and constant efficacy. Medical men who see nothing in syphilis but a specific disease, requiring to be treated by a specific remedy, are often the cause of those cruel symptoms which obstruct the cure. It is from forgetting the counter-indication resulting from an inflammatory diathesis, that we expose ourselves to the production of large suppurative bubos, gangrene of the penis and scrotum, eruptions of crustaceous pustules all over the body, phagedenic ulcers, violent inflammations of the urethra, with painful priapisms, and finally those secondary symptoms which take

possession even of the bones. So well ascertained is this fact, that many practitioners have hastily rejected mercury altogether, whereas the abuse of the remedy was all that required to be corrected.—Mercury is not only counter-indicated by an inflammatory diathesis, or a tendency to it, but, when syphilis is complicated with other disorders, such as scrofula, darts eruptions, itch, &c., in all which cases the concomitant constitutional diathesis must be corrected.

An improved method of applying Caustic Potash to Varices is given in the *Bulletin Chirurgical*. It is consolatory to possess a mode of curing this disorder without being exposed to the risk of killing our patient by the production of purulent inflammation of the vein, which so frequently occurs. No instance of untoward result from the caustic potash has been recorded. To avoid unnecessary eschar on the integuments, M. Laugier applies it to the vein itself, previously denuded by a slight incision over its surface. *A sufficient quantity must be employed to destroy the coat of the vein at once*, and to prevent the weakening of the remedy by the flow of blood from the lips of the incision through the integuments, the bleeding must be previously stopped, for which purpose it has sometimes been found necessary to touch the edges with the nitrate of silver.—A man treated by caustic, at the Hospital Beaujon, died from an affection of the heart of long standing, which afforded an opportunity of examining the morbid vein. The remedy had been applied at the junction of a large varicose trunk, with the inner saphena. The latter, below the part where the collateral branch was cauterized, had become reduced in size, and the cauterized branch was converted into a firm cord for the space of nearly half an inch, so that the probe could not be introduced. Here was no clot, and it seemed that the inflammation had determined a union between the sides of the vessel. Below that part the vein was obliterated by a colourless clot, five inches in length.

The Report of the Academy of Sciences on a Memoir, entitled 'Considerations on the Structure of the Brain, and on the Relation of the Cranium with that Organ,' will be found in *L'Experience*. Centuries had rolled over our heads, while we were lulled into a belief of our omniscience on this subject, until Gall and Spurzheim revealed to us that we knew comparatively nothing, and the imperfect discoveries of Charles Bell, on the separate origins of the nerves of sensation and motion, lead inevitably to the conviction that much remains to be done in this department of physiology.—The doctrine of Charles Bell naturally suggests the idea, that as the nerves of sensation and motion have separate origins, so the brain, which is the primary source of both those functions, should have separate departments allotted to each. To elucidate this fact is the object of the memoir in question, from the pen of M. Foville.—At a former period this gentleman had demonstrated that the *crus* or peduncle of the brain was formed of two distinct layers, one of them *inferior* and *anterior*, continuous with the pyramids; the other *superior* and *posterior*, more especially connected with the posterior part of the bulb. That these two layers unite and traverse the *corpora striata* and the *thalamus opticus*—that in the *corpus striatum*, the peduncle separates the cinericeous substance in two parts, that beyond this point its fibres form a radiating expansion which divides into three planes—an *internal*, which is turned back upon the median line to form the *corpus callosum*; a *superior*, which passes somewhat obliquely upwards and outwards, lining the cinericeous cortical part of the brain; an *in-*

ferior, which, after taking a direction downwards, turns round the lower and external parts of the *corpus striatum*, then ascends near the median line to form the corresponding side of the *trigone* and of the *septum lucidum*. Finally, the author remarked, that the disposition of the *superior* part of the peduncle, even in the centre of the brain, gives a tolerable image of the spinal marrow, whose nerves would be represented by the fibres of its planes in either hemisphere. It remained, however, to ascertain the precise destination of each of these planes, and the mode in which the anterior and posterior fibres of the spinal marrow concurred in their formation.—According to the present memoir of M. Foville, the two fibrous planes which constitute the peduncles, follow different directions; the *pyramidal fibres* ascend obliquely upwards and outwards, through the *thalamus opticus* and the *corpus striatum*, to the convex surface of the hemisphere, where they divide into two planes, one superior and the other inferior, both of which are destined to the circumvolutions forming the external and convex part of the hemisphere. The *fibres which emanate from the posterior part of the bulb* separate also into two planes in the centre of the *thalamus opticus*, and surround with a *complete ring* the ascending pyramidal fibres. The superior plane of these fibres, which is the larger of the two, after advancing into the *corpus striatum*, disengages itself from the external part of this body, and turns upwards and backwards to form the *corpus callosum*, as above mentioned under the term *internal plane*. The inferior plane passes *beneath* the pyramidal fibres, taking a direction inwardly, and in front of the lateral part of the fissure of Bichat, where it produces the optic and olfactory nerves, and constitutes, above the *corpus striatum*, a white space perforated with a multitude of vascular foramina, symmetrically placed, to which the author gives the name of *perforated quadrilateral*; from this space emanate arciform fibres which surround the pyramidal part of the peduncle, and terminate in a peculiar manner. From this *perforated quadrilateral* proceeds, 1st, the *tœnia semicircularis*; 2nd, an analogous band, not hitherto described, and which surrounds the external part of the *corpus striatum*, as does the *tœnia* the external part of the *thalamus opticus*; 3rd, the two halves of the *fornix*, and the fringed bodies which terminate them posteriorly; 4th, the two middle and longitudinal bands of the *corpus callosum*.—The memoir contains many other particulars, which cannot be conveniently brought within our allotted space in the present Number; we shall, therefore, resume the subject in our next.

The mode of detecting the adulteration of Kreosote by Alcohol, forms the subject of a communication in Quesneville's *Revue Scientifique et Industrielle*. A practised eye would detect the diminished viscosity in the adulterated article, but the most certain test, short of distillation, is the areometer. Genuine kreosote marks 8 or 9 degrees at the ordinary temperature; when the liquor contains 7 per cent. of alcohol at 33 degrees, which is the ordinary strength of *spt. vini rect.*, in France, it marks only 6 degrees. If the areometer ascends to 0, the quantity of spirit at 33 degrees will be 34 per cent. A diluted kreosote, marking 6 degrees, submitted to distillation at a heat capable of disengaging alcohol, the kreosote remaining in the retort marked 9 degrees, after being cooled, at the end of the operation. The distilled alcohol, added to the residuum, produced a mixture marking 6 degrees as before. As the odour of kreosote masks that of the alcohol, the latter cannot be discovered by the smell.

The *Archives de Médecine Belge* report a case of *Cæsarian Operation*, successfully performed, where the patient seemed to be free from danger for several days, but on the 11th was seized with slight symptoms of bronchitis, with the abdomen slightly distended, and in four days more unexpectedly became a corpse. Notwithstanding the absence of any symptom to excite alarm, the abdominal cavity on dissection was found to be full of pus, and the odour was so repulsive that a minute examination was declined. The wound in the uterus was open, and had the aspect of a large and copiously suppurating ulcer, which in all probability had poured its secretions into the peritoneal cavity, where inflammation, with thickening and suppuration of the serous membrane, had been produced. The viscera were strongly adherent to each other, and were of a blue marble colour.—The patient had been delivered naturally on former occasions, but a supposed rheumatic affection had rendered progression impossible, and on examination the cavity of the pelvis was found to have become so contracted as to prevent delivery. An incision was made into the uterus, through the linea alba, and the placenta was detached. The child was not extracted without difficulty, for the head was impacted within the pelvic cavity.

A fatal case of *Farcy or Chronic Glanders*, communicated from a horse to the human subject, which is recorded in the same journal, is deserving of note at a period when grave men deny the contagion of both species of this complaint. A stable-man who had a slight wound in the right finger, was employed to rub mercurial ointment in a farcied or glandered horse. At the end of three days the wound tumefied, an abscess formed and discharged serous and foetid pus. Two hard and painful cords formed on the outside of the calves of the legs. He had loss of appetite, thirst, constipation, and white tongue. The inflamed cords were frictioned with mercurial ointment, but they suppurated and discharged a sero-purulent matter. A new abscess formed on the upper and posterior part of the fore-arm, which gave exit to a pus of better aspect, but the edges of the opening were unhealthy, and the pus became serous. The ulceration of the finger and calves cicatrized, but new abscesses broke out in the right calf and in the arm. At length the man seemed to be recovering, and quitted the hospital, but a fortnight afterwards returned with great prostration, general trembling, and emaciation. He had irregular shiverings, dyspnoea, hurried respiration, pain in the epigastrium, cyanosed countenance and limbs, tongue dry and horny, with thirst and inappetence. The urine was red and small in quantity. Pains were experienced in all the limbs, and especially in the liver, with icteric tint.—As life drew to a close, carphologia, subsultus tendinum, delirium, stupor, and abundant sweats, announced the inevitable result.—On dissection, the lungs were studded with little abscesses. The inner membrane of the subclavian veins, of the two venæ cavæ, of the right auricle and ventricle, was softened, and of a deep red colour. The liver was very voluminous, almost entirely converted into pus, and containing collections as large as an orange. The hepatic veins were filled with pus, which slight pressure brought to light. The spleen was also the seat of several abscesses. The mucous membrane of the digestive organs was inflamed through its whole extent. There was an abscess in the triceps brachialis and right index.—Nothing was found in the cranium.

The *Gazette des Hôpitaux* contains two cases where *Compression of the Aorta* was employed with success for the suppression of *Uterine Hæmorrhage*. It has also a report from M. Vel-

peau, referring to many other successful cases, and showing that this practice has been adopted in Germany ever since, at least, the year 1797. The author found his first patient, after delivery, with the uterus amazingly distended. He brought away from its cavity a considerable quantity of coagulated blood, and found that organ in a state of complete inaction. It filled again immediately, was again evacuated, and injected with cold water and vinegar. This did not prevent its filling a third time; and as the patient was evidently sinking from inanition, nothing was left but compression of the aorta, which was effected by pressing, for two hours, the ulnar side of the hand upon the abdomen, above the uterus, so as to act upon the left side of the vertebral column.—But mere pressure upon the abdomen will not always reach the aorta. In one of the cases no result was experienced until the intestines were put aside from the front of the vessel, by lateral and *circumductive* movements, taking their departure from the umbilicus. The medical practitioner, therefore, who may anticipate being placed in the situation of seeing a lying-in woman bleed to death from his ignorance, would do well to make experiments on the compression of the aorta in the dissecting-room. The bed-side would afford him no time for study.—The introduction of the hand into the uterus, and the making of pressure on the aorta, through the viscus, has frequently succeeded, but the practice is supposed to be objectionable, from the attrition to which the uterus is thus exposed.—They who wish to study this subject more fully, would do well to consult the original cases and report. The latter contains a third case, in the practice of M. Penel-Grandchamp.

PROPOSED MEDICAL SOCIETY.

To the Editor of the 'Medical Times.'

MR. EDITOR,—I have been induced to take up my pen on a subject, which, I am sure, merits the attention of every member of the profession, and a subject upon which, I am certain, you will consider in your usual talented and impartial way. I allude to the want of some asylum or society, whose funds shall assist the decayed *worthy* and *poor* practitioner, in his declining days. We must be all aware that in this desideratum we are sadly deficient; while other professions, and almost all trades, provide for their decayed, unfortunate, but worthy members, ours is sadly deficient of anything approaching to it. Now, Mr. Editor, it is evident that *all* cannot be equally fortunate; *all* cannot ride in their carriages; *all* cannot have the practice of a Cooper, a Brodie, or a Chambers; fortune, now-a-days, too often shines on the quack, or senseless humbug who boasts no merit but a gilded exterior, and the basking in the sunshine of a court, while *real* merit, while *real* talent, is confined to some obscure surgery, where no dowager or titled dame enters to radiate the gloom. But this will ever be the case while the present wretched state of things exists. But this is not the point; we want a society which shall be able to provide, in after life, for the decayed medical man. It must be a *general* society, it *must* be a society wherein exclusiveness and influential patronage must not be allowed to enter; a society whose sole aim will be to distribute charity, in its widest and noblest sense. Alas! sir, I fear there is many a worthy obscure member of our profession, who, kicking against misfortune, and striving ineffectually to succeed, has often a bitter tear starting in his eye, and many an anxious heave bursting from his heart, when he surveys his wife and family, and feels what

must be their lot when old age will dim his faculties, or sickness prevent him providing them with bread. He must feel a bitter pang as he reflects, that, when he is no more, there will be no one to aid his starving family, no one to pour into their afflicted souls the oil and balm of comfort. We must have, sir, a society which will ease such a one's latter days, soften his death pillow, and provide a fund for the sustenance of the widow. Oh, I am sure, that if the thing were agitated in your journal, and a plan devised to carry it into operation, we should soon have a glorious subscription. I fear, I *know*, sir, it is wanted; many a worthy medical man, through misfortune, has perished in a gaol, or at death left his wife and family starving dependents on the world; and females who were destined to move in the first society, been forced to fill the situation of a servant or nurse. Are not these *crying* evils? *must* these things *be*? I appeal to the profession, let them provide an antidote, and let it be such an antidote as shall be effectual, permanent, and increasing. A society which shall be classed among the brightest, most benevolent, and consequently most useful charities of the land. I need not apologize for my length; you must, Mr. Editor, see the importance of this suggestion; let the profession show their approval of it, by *immediately* coming forward, *one and all*, and putting it into execution. By the insertion of this you will greatly oblige, a constant subscriber and well-wisher,

M. D.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 9th May, 1840:—

Epidemic, endemic, and contagious diseases	162
Diseases of the brain, nerves, and senses	148
Diseases of the lungs, and other organs of respiration	262
Diseases of the heart and blood-vessels	12
Diseases of the stomach, liver, and other organs of digestion	49
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	5
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	0
Diseases of uncertain seat	101
Old age, or natural decay	58
Violent deaths	23
Causes not specified	3

Deaths from all causes..... 330

PHLEBITIS FROM THE TRANSFIXING OF VARICOSE VEINS.—M. Velpeau has mentioned a case of death from this cause, which had produced inflammation and suppuration of the internal tunic, and all the consequences of poison from purulent absorption into the blood. The fever thus excited differs in many respects from Typhus, and may, for want of a better term, be designated purulent fever. Its characteristic symptom, in addition to the putrid and febrile, is the oft-repeated shivering. The transfixing of a varicose vein by a thread was, I believe, first recommended by Mr. Fricke of Hambourg, in varicocele. It has been tried in common varix of the limbs, but has been so frequently followed by distressing inflammation of the external coats, as to inspire no confidence under the most favourable circumstances.

IODINE IN HYDROCEPHALUS.

To the Editor of the 'Medical Times.'

SIR,—As it would be very desirable to ascertain the real value of iodine in cases of hydrocephalus, how far it has been found successful, in what forms best administered, so as to ensure its speedy absorption, I send you a case recently treated by Dr. Heffernan and myself, hoping it will induce practitioners throughout the country to insert in your valuable paper the results of their experience of iodine in similar cases:—

Master George Beggs, æt. three years and a half, of strumous habit, had been ill for nine days in remittent fever, when suddenly effusion on the brain set in with slight convulsion, followed by coma, eyes half closed, pupils dilated, pulse extremely feeble and intermitting, much jactitation, deep sighing, sickness when placed in the sitting posture, together with the shriek peculiar to hydrocephalus. We immediately determined on the following treatment: a blister over each parietal bone, acetum lyttæ over the region of the liver, where there was evident tenderness; these were dressed with mercurial ointment (the child was so low that bleeding was quite inadmissible); with difficulty we got it to swallow a dessert-spoonful of the following mixture—

R. Iodinii, gr. iij.

Potassii Iodidi, gr. x.

Aq. Distil. ʒij. M.

The child being incapable of swallowing, we directed an enema, consisting of a dessert-spoonful of the ioduretted solution, and a wine-glassful of chicken broth, to be repeated every third hour (the first he retained four hours). Lint was soaked in a mixture double the strength of the above, and placed on different parts of the body—chest, sides, abdomen, &c.; also ointment of biniodide of mercury rubbed into the crown of the head and nape of the neck, which brought out a pustular eruption. The iodine evidenced its beneficial action in about sixteen hours, in much nasal mucous discharge, flow of saliva, also frequent and full diuresis, all of which had been suspended: the child rapidly recovered. I have the honour to be, sir, your obedient servant,

JOHN LENEX.

Bray, May 18, 1840.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

James Rowan, Esq., to be medical attendant to the House of Correction, Belfast, in the room of John Wales, Esq., deceased.—S. R. Biggs, M.D., to the Fethard Dispensary.

UNIVERSITY OF LONDON.—Dr. Watson has been appointed examiner in Medicine in the place of Dr. Tweedie, and Professor Sharpey examiner in Anatomy and Physiology in place of Professor Todd; no other change has been made, the other medical examiners having been re-appointed.

LARGE CONCRETION IN THE HORSE.—There is now in the possession of Mr. Fearn, Surgeon, of Derby, an extraordinary specimen of stony concretion, taken after death from the large intestine of a horse. It weighs eighteen pounds, and has a circumference of two feet three inches; and, notwithstanding its immense bulk, it does not appear to have been evidenced by any symptoms during the animal's life. It consists of a regular succession of laminæ from its centre to its circumference, like the layers of an onion, and appears to have been slowly deposited by the secretion from the inner lining of the bowel. Though examples of alvine concretions of a much smaller size are not very uncommon, it is probable that this specimen is, so far as bulk is concerned, unique.—*Staffordshire Gazette*.

INSTITUTE OF FRANCE.

ACADEMIES OF MEDICINE, AND THE ACCESSORY SCIENCES.—MAY 4 & 5.

M. SEDILLOT, in a memoir on *Revaccination*, condemns the practice as unnecessary, and inexpedient on account of the fears and doubts which it excites in the public mind. He maintains the boundless preservative effects of vaccination.—M. GUERIN read a memoir on *subcutaneous incisions in the articulations*, which is a continuation of previous communications, to show that subcutaneous incisions, *even in the articulations, if carefully excluded from the contact of air*, are not followed by inflammation, and are susceptible of immediate reunion. Tendons, nerves, arteries, and ligaments, external or capsular, may therefore be divided with impunity, and collections of serum, blood, and pus, *within the articulations, may be safely evacuated*. Among the applications which the author designates as most important, are the subcutaneous incisions of the capsular and external ligaments, for the purpose of *reducing old congenital luxations*. By this means he obtained the cure of a congenital luxation of the clavicle, which had resisted all other treatment. He made numerous incisions in the ligaments around the luxated articulation, which disengaged the extremity of the bone. The author laid open *the humero-cubital, the radio-carpian, the femoro-tibial, and tibio-tarsian articulations* in two dogs, by that subcutaneous method. These incisions having been preserved from the contact of air, no inflammation was the consequence, and they immediately reunited; but when the wounds were so made as to permit of the introduction and permanent contact of air, the result was inflammation and suppuration.—When the articulations opened by subcutaneous incision were not subjected to repose and permanent extension, synovial tumours formed around them, but this was avoided by the opposite treatment.—In the *experiments and operations on the human subject*, the author, reflecting that in traumatic luxations of the humerus and thigh bone, with laceration of the capsular ligaments, no inflammation arose, concluded that the satisfactory results of his experiments on animals would also be experienced in man; he, therefore, ventured upon the subcutaneous incisions of the ligaments, and fibrous capsules of the knee and foot, in order to relieve deformities of those joints. In every instance the operations were exempt from inflammation.—Repose and permanent extension, in most cases, are almost indispensable to prevent the influx of air through the external opening.—M. NONAT read a paper entitled '*Researches on the Employment of Sulphate of Quinine and Cupping in the Treatment of Fever*.' The chief point of this essay is, to show that scarified cupping in the region of the tunid spleen, in combination with the sulphate, will often effect a cure of intermittent fever, when the sulphate alone would fail, or would be productive only of transient good; that the sulphate, assisted by the cupping, may be administered in smaller doses, with the same benefit as would result from the larger dose, without the local depletion. A case of *intumescent spleen*, the sequela of repeated intermittent attacks, is described by the author among others, as having been cured by four scarified cuppings, and five grammes of sulphate of quinine, in about as many days, notwithstanding the patient had previously taken, by the advice of another practitioner, eighteen grammes without effect, in doses of from one and a half to three grammes a day. The utmost dose given by the author was, 0.75 (three-quarters of a gramme) daily. The spleen was seven inches in diameter in every direction. The author maintains, that although the endermic method of administering the quinine may cure the intermitting fever, it will not remove the tumefaction of the spleen; for this purpose, the remedy must be taken into the stomach, or injected into the rectum.—*Chemical modes of preserving wood from destruction by insects* were communicated by M. BOUCHERY. Entire ships have been devoured by insects at Rochefort, previously to being launched, and in many parts of

France the wood-work of houses is undermined from the same cause. In England, ship-timber and other wood to be rendered indestructible, is immersed in a solution of sublimate. The author gave particulars as to the mode of impregnating wood with divers solutions, which are capable of augmenting its durability, its tenacity, and even its flexibility. Hoops prepared with pyrolignite of iron became more flexible, and resisted the action of flame.—M. ARAGO, at the same time, exhibited beautiful specimens of common woods coloured and grained in their interior by the suction of coloured liquors, in which they have been immersed. M. Bouchery's mode of impregnating an entire tree, twenty-eight yards in height, with metallic solutions, is deserving of notice, for nothing more is required than to immerse the lower part of the recently severed-trunk eight inches deep in the liquor. In six days a poplar tree twenty-eight yards in height, and four-tenths of a yard in diameter, sucked up through its whole extent the enormous quantity of 300 litres of a solution of pyrolignite of iron, eight degrees in strength.—*New experiments on atmospheric electricity*, made during the serene weather of last month, were communicated by M. PELTZER. Hitherto the multiplier had been of no use in determining the electricity of the atmosphere when undisturbed by stormy clouds, in which last case alone it deviated. The cause of that insensibility arises from the considerable quantity required to produce the quantum of electric current necessary for the deviation of a single degree of the needle. The experiments were made by means of a kite attached to a copper wire, 400 yards in length. An electroscope, and a multiplier of 3000 turns, served in succession as indicators. At the height of forty yards, the multiplier began to give signs of a descending current of positive electricity, and the deviation slowly increased until the kite had ascended to 100 yards; but above this height the current rapidly augmented and at one time drove the needle to ninety degrees. On the first day, thin white clouds floated in the atmosphere, and a negative zone was found at a height of between fifty and seventy yards, above which was the positive electricity.—M. BECQUEREL read a paper on *the chemical force of the electric current, considered in relation to chemical affinities*, in which he announced the discovery of a mode of research to determine, with accuracy, the relations between the forces which maintain the heterogeneous atoms of chemical compounds in union. In a binary composition the force varies in intensity according to the temperature, the pressure, and other causes. The nature of that force, which doubtless is electric, is at present unknown; but the essential point is to determine its intensity in given circumstances. Rigorous experiments show, that in operating upon a portion of nitrate of silver, equal to a *decimetre* and sixty equivalents and upwards of nitrate of copper, the copper begins to appear in the precipitate. On increasing the equivalents of nitrate of copper to sixty-seven, the metallic precipitate is then composed of an equivalent of silver and an equivalent of copper; by diluting the solutions with water, the influence of the masses diminish. When the quantity of nitrate of copper is considerable in the solution, we perceive in it a great quantity of small metallic particles in motion, which seems to indicate the transfer of the particles by voltaic action. When we have arrived at the separation of the two equivalents, the force which unites oxygen and nitric acid to an equivalent of silver, and that which unites the two same bodies to an equivalent of copper, being overcome by the same current, ought to be considered as equal. The influence of masses may be considered as follows: in a mixture of two salts, metallic nitrates for instance, if we augment the number of equivalents of the one whose parts are united by the strongest affinities, the action of the current towards the other nitrate is weakened, so that we discover a point where the action of this current is sufficient to overcome the affinities, which unite oxygen and nitric acid, to an equivalent of each of the two metals.—*The production of electric odour* has occupied the research of M. SCHONEBEIN. The peculiar smell of thunder,

which is similar to that which results from the electric spark, and by the decomposition of water in galvanic apparatus, proceeds only from the positive pole. Some liquids and conducting bodies gave no odour. Gold and platina furnish the most; charcoal and iron-filings destroy the odour when placed in the vessel where it is shut up. A plate of platina plunged in the vessel containing the odour, undergoes such modifications, that when put in contact with another plate of the same metal, it forms a voltaic pair. When the conductors are surrounded with wet linen, the odour remains in the envelope. The author concludes, that it may possibly be owing to some substance analogous to chlore or brome, which, in the atmosphere, is naturally combined with hydrogen, and which, on account of its odorant properties, he calls ozone.—*The polarization of light, by reflection from the surface of bi-fringent crystals*, was the subject of a communication from M. QUET, and a memoir on an analogous subject, entitled '*On the Modification of the Ray of polarized Light*,' produced by reflection from a metallic mirror, was presented by M. de SENARMENT.

ACADEMY OF SCIENCES.—MAY 12th.

M. DE BLAINVILLE makes a second report on the memoir of M. FOVILLE, entitled '*Researches on the Structure of the Brain, and its Relation with the Protuberances of the Cranium*.' We have already noticed the former report from the pen of M. BLANDIN, but the extreme importance of the subject, make it necessary to give additional particulars, as supplied by the learned professor of the *Faculté des Sciences*. The spinal marrow, says that gentleman, is continued in the cranium, with the essential characters which it possessed within the vertebral canal; that is, with the three fasciculi of fibres, which constitute each lateral half—its grey substance—its commissures—and the two grooves from which the nerves originate. The ganglions which crown the spinal marrow within the brain, without any external apparatus, are in direct communication with it by two orders of fibres, the one by the continuation of its posterior fasciculus, the other with the anterior, which constitutes the peduncle or crus cerebri. The peduncle subdividing, forms, by means of the fibres of the pyramidal bodies, all the external and convex side of the hemispheres, and by its posterior fasciculi, it forms the corpus callosum—the inferior, internal, and posterior convolutions, and terminates in the olfactory lobes, at the perforated space of Vicq d'Azir, called by M. Foville *perforated quadrilateral*. But before the peduncle subdivides, it is surrounded by six species of rings, which have their origin and their termination alike in the *quadrilateral*. The peduncle of the cerebellum is also formed of two orders of fibres, superior and inferior; the superior being disposed in three fasciculi, a median, a descending, and an ascending one, in intimate connexion with the posterior fasciculi of the medulla; the inferior constituting the pons varolii, and arising from the external margin, or from almost all the inferior surface of the pyramids. The peduncle of the quadrigeminal tubercles, much shorter and more compact, is formed from a fasciculus ascending from the pyramids, and from another which arises from the posterior cord of the medulla, along the aqueduct of Silvius.—The cerebral nerves arise from two orders of roots, like the vertebral nerves, whether they be, or be not separated throughout their course, except in the olfactory nerves or lobes, which are merely a prolongation of the superior fibres or cords of the medulla. The sensorial optic nerves are a prolongation of the same fibres, from the peduncle and the locomotive filaments; even the pathetic come from the pyramids. The nerves of the seventh pair, in their sensorial part, (portio mollis,) are in evident connexion with the restiform bodies belonging to the posterior fasciculi, and in their locomotive part, (portio dura,) with the pyramids.—The report concludes with a high eulogy of the author's discoveries, without guaranteeing the certainty of the whole, but expressing an opinion that the continuance of M. Foville's researches will render a most important service to physiological science.—M. Foville has also thrown light

upon some difficulties which seemed contradictory with the theory of Charles Bell. The cerebral nerves have been long since considered as in reality but four pairs, that is, as many as there are of cephalic vertebrae with intervertebral foramina, each of these pairs, excepting the olfactory, being composed like the vertebral of superior and inferior filaments, that is to say, according to Bell, sensorial and locomotor;—but then the origin ascribed to the pathetic and facial was evidently in contradiction with that view, since, being essentially locomotor, their origin seemed to be in the superior part of the medulla; but as to the pathetic, M. Foville considers it to arise in that part of the fasciculi of the pyramids which obliquely ascends towards the posterior part of the quadrigemini, so that the three ocular nerves have a common origin. Anatomists formerly made it to arise from the valvula Vieussensii, behind the quadrigemini. Grainger traced it through the peduncle to the origin of the common motor nerve of the eye.—*Structure of the Liver, as illustrated by Comparative Anatomy*. Such is the subject of a communication from M. LAMBRON. The animal tissues are known to be composed of cells—like those of vegetables, but it remained to be determined how the blood which circulates around them secretes, and how the secretions find an exit from the cells. The liver of the *Helix pomatia* being enormous in proportion to the body of the animal, displays to the naked eye an infinity of little grains 0.15 mille-metres in diameter, whose polyedric form results from their being grouped together and compressed. These grains, examined by the microscope, are found to be vesicles of reddish yellow bile, which exudes on friction between two pieces of glass, leaving a transparent membrane.—On injecting the artery of the liver, the coloured fluid ramifies on the exterior of the membrane, without penetrating. On the other hand, if the biliary cells are injected, the blood-vessels on their external surface are colourless.—M. MALAGUTTI announces that he has just concluded a series of important researches in *organic chemistry, chiefly with reference to the æthers*. By submitting oxalic acid to the triple action of heat, light, and chlore, he converts it into a chrystallized substance, whose composition represents oxalic æther, with its hydrogen exchanged for an equivalent of chlore. The author has obtained three distinct combinations of this acid, which seem analogous to those which have been produced by M. Dumas, from acetic æther.—M. LAURENT, who was so warm an advocate for the theory of substitutions, that he contested with M. Dumas the claim of discovery, has transmitted to the Academy a communication, in which he combats the doctrine, and maintains that both himself and his adversaries are in error. This singular change of opinion is announced at the close of an essay on new chlorures, bromures, and sulphurs of naphthaline. Having submitted them to the action of potash, he found them entirely destroyed, which he considers to be incompatible with the theory of substitutions. "I was," says the author, "completely in error when I said, that the theory in question would unravel the nature of these combinations; experience has pronounced, that it could be of no use in predicting the consequences of this important reaction."

A mode of fixing Photogenic Drawings is proposed by M. PRECKTL, director of the Polytechnic Institute of Vienna. The plate is plunged for a minute in a solution of *hydrosulphate of ammonia*, and then washed in distilled water. The polished parts of the plate are transformed into a sulphur, while the amalgam is intact. This method gets rid of the mirror-reflection from the dark parts.—The fixing of Photogenic Drawings by a solution of the chlorure or iodure of silver, in hyposulphate of soda, is recommended by M. CHOISELAT. The drawings plunged in these solutions, being under the electric influence of the copper upon the dissolved silver, becomes unalterable. The iodure of silver, which is preferred to the chlorure, by the author, is obtained by means of a silver plate, exposed to the action of heated ioduretted alcohol, and precipitated by water. The plate, with the adherent iodure, is immersed in the hyposulphate of soda, for the

solution of the new compound.—*Experimental researches on the law of Heat* have engaged the attention of M. HESS, of St. Petersburg. After numerous experiments, where the disengaged heat is expressed by the quantity of water, which one part of anhydrous acid elevates one degree centigrade, he has found, 1st, that when two substances combine in different proportions, the quantities of heat disengaged by the different compounds exist in certain definite ratios; 2nd, that the quantity of heat disengaged by a combination is constant, whether the combination be effected directly or indirectly, or at intervals.—If a base be saturated by sulphuric acid, it will be found that the heat extricated will be in proportion to the strength of the acid; but if we add to the heat disengaged from the weaker acid, the quantity of heat extricated from the water by which it was weakened, we shall arrive at the constant number.—By applying the law of multiple ratios to the researches of Dulong, we perceive that the combustion of charcoal is governed by it, and that in the formation of carbonic acid the quantity of heat disengaged from the first atom of oxygen, is as 3 is to 2. The author endeavours to apply these considerations to the case of combustion in high furnaces, and arrives at this consequence, already known, that it is desirable to avoid the formation of carbonic acid, in order to convert all the coal into oxide of carbon. He examines, in the same manner, the combustion of gunpowder.

In our last report, we noticed the communication of M. BOUCHERIE, on a point of *vegetable physiology*, exemplified in certain modes of rendering the albuminous matter of plants imperishable by decomposition, and indestructible by insects; for such are the ravages of the latter under some circumstances, that the magnificent Mineralogical Gallery of the *Jardin des Plantes* is scarcely completed, before the work of destruction in its timbers has commenced. Corrosive sublimate, and other metallic salts, form an indissoluble and imperishable compound with albumen; hence they are used for the purpose of embalming human bodies. Trees, and timber also, immediately after being severed from their root, possess the power of sucking up the fluid, in which the lower part is perpendicularly immersed; but, as they very soon lose the power of suction, the tree might be made to absorb the fluid before it is completely severed, and with less expense. The author says, "by making the tranverse section, whereby the sap-vessels are placed in contact with the chemical fluid to be absorbed, so as to leave two opposite points of wood, of sufficient strength to retain the tree erect, the absorption will be more rapid, and the expense diminished.—The pyrolignite of iron is the salt preferred, on account of economy.—Concentrated chlorate solutions give flexibility to wood; an addition of one-fifth of pyrolignite of iron ensures the indestructibility.—Solutions of earthy chlorates render wood combustible.

MEDICAL OBITUARY.

At Tobago, Horatio Emery, Esq., eldest son of the late John Emery, comedian.—Suddenly, of extravasation of blood on the brain, Mr. Field, of the Court of Examiners, Apothecaries' Hall.—Of fever, Dr. Gallagher, medical superintendent of the Castletown-Delvin Dispensary.—, Hurst, Esq., surgeon, Monaghan.—Mr. Jonathan Archer, surgeon, Crumlin. He had only entered on the duties of his profession about a month, when he fell a victim to fever, contracted by too great a devotedness to the interests of his patients. He was beloved and esteemed wherever he was known, and his remains were attended to the family burying-place, at Hillsborough, by a large and respectable concourse of friends.—After a protracted illness, George Augustus Latham, Esq., M.D., of Crumlin.—In Limerick, aged 87, John Unthank, Esq., M.D. He was distinguished for the benevolence of his disposition, and the public charities have sustained a loss in his death.—At his father's house, in Ballyclare, of an affection of the brain, Mr. John Lindsay, medical student in the Royal College, Belfast, aged 19 years.—At Fraserburgh, of typhus fever, James Wilson, Esq., surgeon, aged 30.—After a short illness Mr. Biggs, medical student, Middlesex Hospital.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

DR. PHYSICK.—NO. III.

DR. PHYSICK worked excessively hard. He appears to have been, in this, a worthy pupil of John Hunter, who asked, as our readers may remember, a young man to breakfast at six o'clock in the morning. It was Physick's custom, throughout the winter months, to rise at four o'clock in the morning. This hour being too early to disturb a servant, he was obliged to arrange his own fire. He would then sit down to his desk and prepare his lecture for the day; after which he would dress himself, and then take his breakfast, and leave his house between eight and nine o'clock, in order to attend to a most extensive and laborious practice. In addition to all this, he discharged his duties as surgeon to the Pennsylvania Hospital, and to the Alms House Infirmary. He used often to remark, that in order to obtain entire success as a practitioner of medicine, it was necessary to work hard.—As a lecturer, he was grave, dignified, and impressive. His style was clear and comprehensive, simple yet chaste. He was uniformly careful never to say too much. His choice of language was remarkably good, and he possessed the happy faculty of communicating knowledge agreeably and well in great perfection. Perhaps one great reason for this was, that he never undertook to instruct others upon subjects which he did not clearly comprehend himself. He attempted no display of oratory; neither did he permit his reason and imagination to run wild in the regions of theory and fancy. His lectures were all carefully prepared and written out. He did not at all approve of extemporaneous lecturing; as he thought that in lecturing upon scientific subjects, and more especially such as involved the lives and happiness of our fellow-beings, no man had a right to place so much confidence in the strength of his memory as is implied in that practice. Possibly, Physick may be deemed over-scrupulous in this instance. Lecturers and lectures have so multiplied now-a-days, that pupils have become particular, and will not listen to everybody. Written lectures read from books are not much relished, and a little precision must be sacrificed to popularity. Nor need memory alone be trusted to. Notes may be used of sufficient fulness to prevent either omissions or errors of moment, and the little that is lost in minute detail, is more than compensated by what is gained in freedom and effect. Physick was a practical lecturer, *the great thing*.—As a letter-writer he was punctual and peculiar. His letters in general were remarkably brief and pithy. Having said all that he considered necessary for the elucidation of his subject, he invariably stopped. He would reply to a letter of three or four pages closely written, in about as many

lines. He was excessively annoyed at receiving, and being obliged to read, letters of an unmeaning and unnecessary length. The same thing took place with respect to books. A complaint not confined to Physick.—In the year 1809, Dr. Physick performed successfully that operation for artificial anus, which anticipated the procedure of Dupuytren. Previous to his death, Dupuytren was fully satisfied that Physick had preceded him in the invention.—Dr. Physick was an advocate for animal ligatures, which he always employed. He adopted an ingenious contrivance for facilitating the discharge of ligatures which remained fixed in the cavity of wounds, either in consequence of being penetrated by new granulations, or from other causes. In such cases he twisted the ligature very firmly, and then secured it to the adjacent skin, by means of a small strip of adhesive plaister. The effect of this twisting is to tighten the noose at the extremity of the ligature, so as to compress completely the parts contained within it; and in addition to this, the natural tendency of the ligature to untwist itself keeps up a constant action and pressure upon the parts, and thereby causes ulceration.—Physic was at the height of his practice, when infirmities came fast upon him. He resigned his situations in the Philadelphia Dispensary, the Pennsylvania Hospital, and the chair of surgery in the University of Pennsylvania, and was transferred to that of anatomy. In 1831, this last situation was too much for him, and he resigned it also. The Institution conferred on him the highest honour that it could, by electing him unanimously "Emeritus Professor of Surgery and Anatomy."—One of Physick's latest contributions to surgery, was an account of preternatural pouches, or sacs, situated at the lower extremity of the rectum, just above the verge of the anus. This form of disease, which is one of not unfrequent occurrence, is in many instances productive of the most severe and distressing symptoms.—The last operation he ever performed was the extraction of a cataract. It was on the 13th of August, 1837. From this time, his complaints went on increasing in intensity and violence. The symptoms of hydrothorax became developed to a most painful extent, and he suffered extreme agony from oppression at his chest and difficulty of breathing; so much so, that sometimes he became unable to lie down in his bed for whole nights together, but was obliged to stand upon the floor, supported by assistants. Some time previously to his death, anasarca took place; and in consequence of his remaining so much in the erect position, his lower extremities became enormously swollen and distended with serum. The integuments at length gave way, openings were formed, and these finally ulcerated and became gangrenous.—The Father of American Surgery expired without a struggle, on

the morning of the 15th of December, 1837. He was, in private life, exemplary—a good man and a good citizen. His native land is proud of her son, and the "Old Country" may lay claim to a share in forming his professional character. Possessed of great application, a mind of healthful energy and purpose, and a love for the profession he had chosen, Physick had the qualities of head and heart, which are calculated for success in either hemisphere. The lessons of John Hunter had sunk deep into his soul, and the pupil was animated with a generous ambition, to prove himself worthy of the master. The integrity of the man supported and dignified the ability of the surgeon, and Dr. Physick may properly and usefully be cited, as one of the many models of professional life that our annals are rich in.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

TUBERCULA—CANCER OF THE SKIN—CHIMNEY-SWEEPS' CANCER—SUBCUTANEOUS TUBERCLE—WARTS—CORNS—BUNION.

TUBERCULA—CANCER OF THE SKIN.

THE skin, gentlemen, is sometimes subject to cancer, and this affection is arranged under the order *tubercula*, by the cutaneous nosologists, because cancerous disease begins in the skin with a small indurated enlargement called a tubercle. In fact, cancer of the skin goes through the same two successive changes which I have had occasion to describe to you in speaking of the affection generally. There are, in the first place, induration and enlargement, or the schirrous condition; and there is subsequently the state of ulceration. All parts of the skin are not equally liable to cancer. The integuments of the face, and perhaps particularly those of the eyelids, are the most so. We occasionally see it on the external organs of generation, in both sexes; sometimes on the hands. These are the parts most commonly the seat of cancer externally. The scrotum, in the male subject, is liable to a peculiar kind of cancer, from certain local causes which I shall have occasion to mention to you hereafter.—When cancer affects the integuments of the face in the first instance, it begins with a small induration and enlargement at a certain spot, which may be called a *tubercle*, and which the patient supposes to be a wart. It is uninfamed, and of the colour of the natural skin, and it is not particularly sensible. In this state the affection may remain for a considerable length of time, though it sooner or later ulcerates; and the ulcer which is formed on this tubercular enlargement of the skin does not penetrate very deeply—does not assume any very unfavourable appearance. It secretes a matter which forms a thin brownish encrustation over the part, and, being exposed to the air, a kind of thin skin, or crust, forms over the ulcer; and in this state the affection goes on for a long time, without the patient paying much attention to it—the tubercle not being considerable in size, and the ulceration formed on it being also of trifling magnitude. The disease, however, gradually advances, and ultimately an ulcer of considerable size is formed. In this state, we find that the margin of the sore is elevated, presenting more or less of a tubercular character, but preserving nearly the same colour with that of the sound integuments. There is no great excavation formed by the sore, and the se-

cretion that takes place from it does not seem to possess any acrid or offensive properties; and, in fact, in this form the disease goes on without any very rapid increase or very serious alteration for a considerable number of years. It is particularly characterized by slowness of development and progress, and, in the majority of instances, it does not affect the absorbent glands in the way that cancer does when it takes place in other parts—in the female breast, for instance.—Perhaps we see this affection more frequently in the eyelids than in other parts of the face. Some years ago I removed the principal part of the lower eyelid of a gentleman, on account of this affection; and at that time the disease had already existed about five years, and even then it had not completely destroyed the whole of the inferior palpebra. It consisted of a tubercular induration of the skin. The tubercle of which this enlargement consisted, had externally the same colour and appearance as the sound skin, having over it a few red and slightly varicose vessels. The affected eyelid might be said to be about twice the natural thickness; and on the surface of this enlargement ulceration had taken place, which began at the internal angle of the eye, and had gradually eaten its way towards the external angle: it began in the exterior of the eyelid, and did not extend so much on the mucous as on the external surface. Indeed the disease seemed to be essentially an affection of the integuments of the eyelid, and not of the mucous membrane. This affection had given the gentleman no great inconvenience—had not been attended with much pain; but the sharp edge of the eyelid, where it had been ulcerated, came in contact with the globe of the eye, and had occasionally irritated it so as to produce a good deal of inconvenience. Various local applications had been tried in this case, but none of them had any effect, and I therefore extirpated the parts. To do this completely, it was necessary to take away nearly the whole of the inferior palpebra, including the inferior punctum lachrymale, and a considerable portion of the inferior lachrymal duct. The wound healed very favourably, and the gentleman now, at the distance of four years from the time of the operation, remains perfectly well; the part is quite sound, and no inconvenience has occurred in this instance from the removal of the inferior punctum.—I had a patient in this hospital, about forty years of age, in whom a similar affection existed on the left side of the nose, occupying that part of the cheek which is towards the ala nasi. It consisted of an ulcer about one inch and a half in length, and about half or three-quarters of an inch in breadth; the margin of which was indurated and irregularly elevated; the sore was not very deep; it had somewhat of a red surface, without any appearance of granulation, and produced a thin discharge, not in very great quantity. The ulceration in this individual had existed about six years. I extirpated the parts, and took away the whole of them, by cutting a short distance from the seat of the disease. The wound healed very favourably, and I have heard nothing of the patient since. In this instance I had an opportunity of examining the state of the affected skin;—on comparing the depth of the ulcer with the thickness of the skin, one would have supposed that this had been entirely destroyed by the ulcerative process, because there was an elevated margin of the skin surrounding the ulcer; but when I came to make a section, I found that the texture of the skin remained at the base of the ulcer; there was, as it were, a thickened stratum of cutis. One should say, that the natural texture of the skin was rather thickened, and it formed a sort of fibrous structure shooting towards the ulcerated surface: it was the kind of skin usually presented in these cases. In this instance there was no affection of the absorbent glands. The cases that I have now mentioned to you show that, although these complaints are called cancerous, they admit, to a certain extent, of cure. It seemed that here the affection had commenced upon the ala nasi, and a considerable part of it had been destroyed by the ulcerative process, and the part so destroyed had cicatrized; and, indeed, while the patient was in the hospital, a disposition to cicatrization seemed to prevail on the aspect of the ulcer towards the nose;—but in other parts it seemed to spread so,

that there appeared little encouragement to attempt a cure by any means save that of operation.—I remember seeing an instance where this affection took place on both the eyelids—where, in fact, it destroyed the whole of both eyelids, and had extended partially into the orbit, close to the globe of the eye; which last, however, had not become affected, except through exposure to the air. The disease had here existed seventeen years; and even then the absorbent glands were not diseased.—The great advantage which is often derived from arsenical applications to that description of ulceration which I have mentioned to you under the name of lupus, has led to their use in some of these cancerous ulcers of the face, but they are not here equally efficacious; nor, in fact, is their employment equally safe; for you sometimes produce a degree of irritation in the sores which increases the mischief, and occasions the affection to spread more rapidly.—For this reason, it is necessary that you should carefully distinguish between ulcerations of the face of a cancerous character and those that belong to the head of lupus. The tubercle from which cancer commences is hard; it is uninflamed—that is, it has the same colour as the natural integument. The tubercle of lupus is softer, and of a bright red colour. The cancerous tubercle is single—that is, the affection is confined to one spot. In lupus there are generally two or more spots of skin affected. The margin of the ulceration in cancer is tuberculated; it is hard, but retains the same colour as the surrounding integument; the ulceration generally presents a smooth red surface, and is particularly characterized by its slow progress; it does not eat deeply, nor does it destroy the parts rapidly. In lupus, the edge of the ulceration is of a bright red; the skin surrounding the sore is of the same colour; the ulcerated surface itself is generally yellow, something like the phagedenic sore, and the destructive process extends so rapidly that it will destroy the alæ of the nose, or any other part, within a very short time.—We sometimes see ulceration of a cancerous nature affecting the external organs of generation in the female—affecting either a part of the integument or a part of the thinner covering which lines the external cavity of those parts, and sometimes it occupies both. It is here of importance to distinguish the affection, because such ulcers are liable to be mistaken for venereal sores, and, under this mistake, to be treated by means which are not capable of rendering any service in cases of cancer. The sore in these cases—I have not seen here anything like tubercle—is generally deep, there is considerable excavation, it has a red appearance like raw flesh, the margin of the sore forms a kind of sharp-cut edge, and the secretion is a thin ichor;—great pain is experienced in the part. I have generally observed, in these cases, that the glands in the groin were affected. The disease is slower in its progress than venereal ulceration, at the same time it proceeds more rapidly than cancerous ulceration seated on the face.—The only treatment that I have found of any advantage in these instances, has been the palliative or soothing; soft poultices applied to the part, opiate applications, such as the solution of opium in water, or Mr. Battley's liquor opii sedativus, and the administration of opium internally, to lull the pain.

I had under my care a lady who had a cancerous ulceration of this sort. It was situated in the inferior edge of the mons veneris; it was bounded below by the upper part of the clitoris and nymphæ. It had existed about two years when I first saw her, and there was an excavation large enough to hold the end of the thumb under the mons veneris. The surface of the sore was rather foul and unhealthy; there were some parts of it had a kind of sloughy appearance, presenting an ash-coloured surface. The sore had rather an irritated appearance. In truth, upon examination, I found that, for some time, a succession of stimulating and heating applications had been made to this sore, under which the lady had experienced considerable aggravation of suffering, and owing to which, probably, the sore had got into an unhealthy state. Caustic, mercurial fumigation, and means of that kind had been applied to this sore, under the idea, probably, that it possessed something of a venereal character. When these means were laid aside, and the sooth-

ing plan was adopted, the painful state of the sore went off, and the suffering altogether was materially alleviated. In this instance, the absorbent glands of the groin on both sides were enlarged and indurated, but in other respects the lady appeared in good health. She had not lost flesh, she had a good appetite, and the other functions were well performed. She continued under my care some time, and when I last saw her she came to me apparently in good health, and looked extremely well. The ulceration, at that time, had considerably increased; the excavation was so large that it would have held a large walnut, but yet it had a tolerably clean appearance. The indurated glands of the groin on the right side had suppurated, but had not formed an external ulcer, though there were small openings like pin-holes in numerous places, through which a copious discharge issued. After some time, I was rather surprised by hearing that the lady was suddenly taken ill; I could not exactly make out in what way, but in fact she died within a fortnight of the time of my last seeing her.—I have not seen any instance of cancerous ulceration occurring about the external organs of generation of the female in which I have deemed it advisable to remove the parts by operation. In the present instance, the situation was such as would have admitted of removal provided the glands of the groin had not been affected, but the affection of those glands seemed to me entirely to preclude all idea of extirpation.—We sometimes see an affection commencing on the skin of the hand, probably deriving its origin from some of those direct irritations to which the hands are liable, proceeding to indurated ulcerations and a kind of warty state of the skin, and this going into a condition which I cannot describe by any other name except that of cancer, and in fact possessing in every respect the intractable nature and unfavourable character that belongs to that disease.—I had some time ago under my care in this hospital a patient who had an affection of this kind in the hand. He was 55 years of age. He came from Sussex, where he lived as a labourer, and he enjoyed good health. He had warts over different parts of the hand and fore-arm; and one of these, which was situated on the back of the thumb, had become troublesome, and either under the care of some old woman or some practitioner—I forget which—a succession of caustic and acrid applications had been made to it, by which the part became painful, and ultimately spread and extended into a very formidable disease. When he came to the hospital, he had the whole of the integuments covering the back of the first joint of the thumb, and extending over the metacarpal bone of the forefinger, considerably enlarged, in a tuberculated state, inflamed, bright red, and ulcerated at various points. In this inflamed and tuberculated mass, there were several ulcerative excavations going deep into the parts, and giving issue to a thin, foetid, ichorous discharge. In other parts, this enlarged substance presented merely the character of a wart, that is, an irregular rough surface, which seemed to be partly ulcerated. The margin of the diseased skin was enlarged and tuberculated, and the affection appeared to extend by the gradual sloughing and subsequent ulceration of those tubercles which formed in the circumference of the diseased parts. The character of the discharge in this instance particularly pointed out the nature of the affection: although the patient was healthy, and there was no reason why any common ulcer should not produce natural healthy pus, yet that which flowed from this sore was of a watery consistence, a light yellow appearance, and very foetid. It did not partake in any degree of the characters that belong to the discharge from healthy ulceration. There was considerable enlargement of the glands in the axilla; they formed a tumour about the size of a pigeon's egg, which was soft to the feel. When inquiry was made respecting this tumour, he said that it had existed long before the disease had assumed the appearance I have described, as presented by the thumb. This was a point, of course, that was particularly investigated, because it involved the question, whether it would be right to remove the part by amputation or not? If the swelling in the axilla had been regarded as a cancerous affection of the glands situated there, it

might, perhaps, have constituted an objection to the operation; but if it were found that the disease had existed there previous to the complaint on the hand, of course it would not appear in the same light. The swelling in the axillary glands was soft; it was not hard to the feel, and therefore it was considered that possibly the account the man gave might be right, and that it had existed there longer than the disease in the hand. I had resolved upon performing the operation in this case, the complaint being decidedly cancerous; but it was suggested that some local means might be tried previous to the operation, and, in fact, cinabar fumigation was mentioned. This was tried, and the effect was a great aggravation of the inflammation of the skin, and an attack of erysipelas in the hand and fore-arm, which was rather serious. When that was got rid of, I amputated the hand, removing the part at the joint of the wrist. The wound healed very well;—however, the fore-arm for a length of time remained swelled, and was the subject of constant attacks of inflammation, so that it was necessary to apply leeches, and adopt various other measures; and we did not think the man in a fit state to go out of the hospital until several weeks after the performance of the operation. In eight months he returned to the hospital with a great increase of the swelling in the axilla. It had now acquired the size of a small apple; it was hard, and the integument adhered to it closely, though it was moveable on the parts on which it rested. There could now be no doubt that this was a cancerous affection of the axillary glands, and it was thought expedient to give the patient a chance of recovery by removing the disease. I accordingly extirpated the glands, which adhered so closely to the great vessels that about one inch and a half of the axillary artery was laid bare by the dissection. The parts healed up favourably, and the patient left the hospital soon after the operation. However, in no long period he returned again, and he ultimately died from a recurrence of the disease in the axilla.—You see, therefore, that although cancer of the skin may present appearances somewhat different from that which we see when it takes place in the mammary glands and in some other organs, (in fact, we should expect, from the differences of texture, that cancerous disease would present some modifications,) yet that in its essential nature, and in its destructive character, so far as it regards the texture in which it is developed, and its effect on the life of the individual, it is exactly similar to that disease elsewhere.

CHIMNEY-SWEEPS' CANCER.

I have mentioned that in the *scrotum* there is a peculiar cancerous disease occurring in certain individuals; the affection I allude to is, the *chimney-sweeps' cancer*. This is an interesting kind of affection, because it shows that a malignant disease, in all its principal features very closely resembling cancer, may be produced in persons, otherwise healthy, simply by local irritation; for chimney-sweepers' cancer is the direct result of the irritation of soot lodging in the rugæ of the scrotum. This affection, however, does not occur in what are commonly called "climbing-boys,"—it is not in children who commonly perform the office of cleaning chimneys; it takes place in adults,—those adults who, in following this avocation, have their skin as much in contact with, and as much liable to be irritated by, soot as climbing children. It is very uncommon, and perhaps there is hardly an instance known, of the affection occurring before the age of puberty, and indeed it very rarely occurs under the age of thirty. The disease commences in the scrotum by the formation of an indurated enlargement of the integuments, like a wart, and which in common language, and usually by persons who follow that calling, is denominated a *soot-wart*. There is tubercular enlargement and induration of a portion of the integument of the scrotum. In this state the disease often remains for a considerable length of time. The cuticle may be separated, and a little exudation may take place from the part, and form an encrustation upon the surface of the wart, which may be picked off or removed accidentally. However, sooner or later this part

ulcerates, the principal characters of the ulceration corresponding to those of cancerous disease, that is, there is a deep excavation, a thickened base, thickened edges, and very commonly an elevated and everted margin, while the ulceration thus produced gives rise to a very copious and fetid ichorous discharge. Sometimes the affection consists not so much of a state of ulceration, as in a warty, or rather a fungoid excrescence of the affected part,—what we should call a soft vascular kind of wart, which produces the same kind of offensive ichorous discharge as the ulcer. Whether the affection take place in one or other of these forms, it will extend over the whole scrotum, and gradually pass to the perineum. After it has lasted for a certain time, it will become extended to the testes, and the glands in the groin will become enlarged and indurated, and, if the disease go on, will pass into a state of ulceration. The affection is attended with very severe pain, and in that respect it resembles other cancerous diseases. The persons in whom it occurs generally exhibit marks of an unhealthy constitution: they are thin and emaciated, and they have a peculiarly dark, sallow, and earthy appearance of the skin; and it has been often observed that the cutaneous perspiration generally has a very offensive smell. The progress of this disease, by its local effects, and the serious influence it produces on the constitution, ultimately destroys the individual. I am not aware, however, whether in this, as in many other forms of cancer, the internal organs of the body become affected.—No local remedies, and no internal medicines, have any effect whatever in arresting this complaint. In that respect it corresponds with cancer generally. Local remedies may soothe; the application of opium, for example, may lessen the pain, and other applications may diminish or relieve the fœtor of the discharge; but I am fain to confess to you that we have not the power, either by internal medicines or local applications, to prevent the destructive progress of the disease, although we may relieve or lessen particular symptoms by internal or external means. In fact, the only effectual mode of treatment in these cases is extirpation; and whenever the disease can be completely removed—whenever we can carry the incision beyond the parts actually affected, so as to cut into parts sound in their structure, we may remove the disease with great confidence in the efficacy of the proceeding. If we leave behind any parts that have become indurated, and still more any parts that have become ulcerated, we cannot be surprised if the disease should re-appear. But if the disease be so circumstanced, that we can take away all the parts indurated or ulcerated, so that we can carry the incision into parts completely sound, then the operation of extirpation is a complete, a safe, and an effectual remedy. It does not matter how far the disease may have extended in the integuments; if, for instance, it should involve all the integuments of the scrotum or perineum, we may freely take away the part; for although we may denude the testes and the penis, yet the surrounding integuments are drawn together when cicatrization takes place, so as to cover up the parts that have been thus exposed.—It may be a question how far the operation ought to be performed if the testes be involved in the disease. Now it appears to me that the disease does not readily spread to the testes;—at least you find the cellular membrane, intervening between the ulceration and the testicles, so far thickened, that you cannot move it on them; so that you might judge that they were involved in the disease; and yet you find in such instances that the testes, though apparently implicated, are perfectly sound. I remember an instance in which I took out both testes, the spermatic cords being healthy; they were completely imbedded in the affection of the scrotum; but when the testes came to be cut into, they proved to be quite sound. The mere circumstance of the diseased parts adhering to the testes, and seeming to involve them, would not, in my mind, be a reason against the operation. The disease is so necessarily fatal if left to itself, that even in a doubtful case I should rather have recourse to the operation than leave untried what affords at least a chance of success.—A more im-

portant question in my opinion is, how far the operation may be advisable or justifiable when the glands of the groin become diseased? There is paper in the twelfth volume of the 'Medico-Chirurgical Transactions,' in which the author, the late Mr. Earle, on the subject of this affection, says, that the swelling of the glands of the groin will subside after the disease has been removed by operation; so that the mere existence of swelling in those glands is not to be deemed a sufficient reason against its performance. I have seen this take place in the way described—that is, I have seen the disease removed when the glands have been swelled, and the swelling of the glands has subsequently subsided. I should, however, make this distinction—if the glands are swelled without being indurated, I think the operation may be performed; but if the glands be hardened as well as swelled, I should then doubt the propriety of operating; of course if ulceration has taken place in the glands, I should regard that as a conclusive reason against the operation.

SUBCUTANEOUS TUBERCLE.

There is an affection which I ought to have mentioned to you when speaking of the diseases of the cellular system; it is the formation of a small tumour immediately under the skin, upon the cellular membrane, just under the cutis.—It is a small hard tumour—so small, that in general it does not produce a conspicuous external appearance. It is seated immediately under the skin, is loosely connected to it and the surrounding parts, and over which the skin itself can generally be moved. The principal character of it is the severe pain which accompanies it, and from which it has been called the *painful subcutaneous tubercle*. This pain, however, is not a constant attendant on the swelling—it generally takes place in paroxysms, and these are so severe, that one would almost compare the pain to that felt by persons labouring under *tie-douloureux*. The patient complains frequently that the pain is of the most intolerable and insupportable kind; it will attack him in the night, awake him, and destroy his rest; and yet perhaps at other times he experiences no inconvenience. These small subcutaneous tubercles are the seat of similar attacks of pain when they are struck or hurt; at the same time, even for weeks, and even months together, the patient experiences no kind of inconvenience from them. They last for a great length of time without acquiring any great magnitude, seldom extending in size beyond a pea or a horse-bean. When these tumours are examined, if you make a section, the structure appears to approximate a good deal to cartilage, but is not quite so hard;—it is a kind of bony structure, of such firmness that it makes a kind of noise when you cut through it with a knife. It has been suspected that they are developed in, or connected with, the twigs of subcutaneous nerves. Tubercles of this character are found occasionally connected with the twigs of nerves, and in some instances they may be actually developed in such; however, in the majority of instances, I do not know that this nervous origin has been traced, so that I cannot exactly say that this is a form of disease belonging to the nervous structure. There is only one mode of procedure with this affection—we must cut it out; the operation is safe, perfectly easy, and perfectly effectual.

WARTS

consist of an enlargement of a portion of the texture of the skin, without inflammation, and accompanied with thickening and induration of the cuticular covering. I have already had occasion to speak of those warts that are formed on the external organs of generation of both sexes, in consequence of venereal sores; but what I am now alluding to is, warts that appear on other parts of the body, and which come without any obvious cause—on the hands particularly. They are often seen in young subjects; they exist in very considerable number, and they will disappear about the time of puberty, without any particular application or obvious cause. When they are so situated as not to produce any particular inconvenience, and not to occasion any deformity, they may be safely left to themselves. They sometimes, how-

ever, are so seated about the hands or fingers, as to interfere with some motion of the part, or some office to which those parts are applied; and they often occasion an unpleasant appearance, so that people are desirous of getting rid of them, and there is no great difficulty in accomplishing this. —Perhaps the simplest and the shortest way of proceeding is to cut off the thickened cuticle which covers the prominent part of the wart—shave it in successive layers till you come to the surface of the skin, and then you perhaps draw blood in two or three places. When you have thus denuded the surface of the skin itself, you then rub the part thoroughly with nitrate of silver, and one effective application of this kind will generally destroy the wart. If, however, it should not succeed, you cut off the part thus rubbed by the caustic, and renew the application again; or you apply acetic acid in the same way to the part. If you wish immediately to extirpate it, you can make an incision on each side, cutting it off at the base. You may proceed to this mode if necessary, but I believe you will generally find lunar caustic quite sufficient to answer your purpose.

CORNS

are affections of the skin, arising from inflammation of some portion of the cutis of the toes or the feet, in consequence of pressure from the covering upon those parts. This inflammation being attended with an unnatural secretion of cuticle on the part, a continuance of the irritation produces a continued growth of the cuticle, so that ultimately a firm, hard, horny substance is formed on the part in question, and this, by its pressure, increases the inflammation of the skin, and brings on a state of the part attended with very great inconvenience, and indeed a great deal of suffering to the patient. The skin originally is preternaturally sensitive, in consequence of irritation from the friction of the shoe; then on this preternaturally sensitive skin you get a hard or horny substance, which is pressed upon by the shoe or boot, and causes great inconvenience. In some individuals a great number of the toes on both feet—in fact, all the prominent parts, are affected by growths of this kind; and if these individuals persist in wearing shoes that are tight, they suffer a great deal of pain. This pain and inconvenience are felt more particularly at certain times of the year—those hot periods of the season when the feet naturally become heated in common with the other parts of the body, in consequence of the high temperature of the atmosphere.—The palliative cure of corns, as we may call it, consists in cutting away the indurated cuticle, so as to remove from the inflamed skin, at all events, this mechanical source of irritation. The feet are first soaked in warm water, so as to moisten the indurated cuticle; you then take a sharp knife and cut away the morbid cuticle which has accumulated over the inflamed parts of the skin. In doing this, after you have removed the inflamed part, you generally come to a sort of point, where the cuticle seems to extend deeper than at the other parts; indeed it appears as if at one point the disease extended farther into the skin than elsewhere, and this has been commonly called the *root* of the corn. It is said that you may lift up and take away in a mass that part of the hardened cuticle which is thus formed in the corn; but I apprehend it is not very easy to do this. However, if you cut away the thickened cuticle in this manner, and cover the part with soap plaister, or some other mild plaister, spread on leather, and direct the patient to wear shoes that produce no pressure, great relief is experienced. You find that usually the covering of the cuticle reforms after this operation; but if the patient avoids the external source of irritation, the corn will not become seriously troublesome. If, however, considerable inconvenience be still experienced, you may proceed to further measures for the more effectual relief of the case—that is, after shaving away all the thickened part of the cuticle—you may rub the skin with lunar caustic. Thus you diminish the inflamed and irritable state of the skin, and then perhaps have no reformation of the corn, if you avoid the external exciting cause; at all events the patient will derive very great alleviation from this simple process.

BUNION.

There is an affection somewhat allied to, and in fact often actually connected with corns, which, however, in some respects is different from them. It is that kind of swelling which is called *bunion*. This forms on the prominent joint of the great toe, that is, the joint between the first metatarsal bone and the first bone of the toe, a part of the foot particularly prominent, and thus particularly liable to pressure from the boot or shoe. The swelling thus formed is larger, and generally attended with more redness of the skin and tumefaction, than we see in corn; but besides there is often a hardened and thickened state of the cuticle over the most prominent part of the swelling, which constitutes bunion. I believe the swelling of bunion itself consists of inflammation of a bursa mucosa, which is seated between the skin and the prominent part of the joint in question;—a bursa mucosa in a situation which is analogous to that of the patella or olecranon, and by the irritation of the bursa from the pressure of the boot or shoe, a state of inflammation arises with effusion into it. If you open this swelling, you find generally that a fluid escapes. When this is in a state of inflammation, you may adopt the same means that you would do in cases of inflammation of other bursæ—leeches, poultices, lotions, or cold applications. Now the prominent part of the skin is liable to become the seat of corn, and I believe in many instances the irritation thus produced is the cause of the inflammation of the bursa. Sometimes the inflammation of the bursa becomes so considerable that a formation of matter takes place—abscess occurs, and the matter makes its escape externally. If a corn form in this situation, you must adopt the means I have already described to you, and so far as the inflammation itself goes, you have only to adopt the usual antiphlogistic means, and afterwards take measures to protect the part which is the seat of disease from the pressure of the shoe or boot.

CHEMISTRY, WITH ITS APPLICATIONS.

NEW MODE OF PREPARING ALIZARINE.

—The colour so called is one part of the extractive matter of the rubia tinctorum or madder. Robiquet carbonized the ligneous part by sulphuric acid, which having no action on the *alizarine*, left it free for solution in water; but this method, as well as many others, had been laid aside as unprofitable and uncertain. —*Preparation.* For ten killogrammes of madder dissolve two killogrammes of alum on twenty litres of hot water, in which the madder is to be boiled for about half an hour, and strained: the residuum is afterwards boiled successively in two other like quantities of solution. The liquors are mixed together, and after having cooled and deposited their floating matter, are decanted. To the clear liquor is to be added 625 grammes of strong sulphuric acid (at 66 degrees), which has been previously diluted in twice its weight of water; thick red flakes immediately precipitate, and the bottom of the liquor is changed from a purple red to greenish yellow. This matter, after repeated washings, being dried in the open air, will be found in the form of shining reddish-brown scales.—In this state the alizarine is not perfectly pure; it retains traces of sulphuric acid, *zanthine*, and *purpurine*. To eliminate these matters, it suffices to heat the precipitate in its humid state, with one-half of its weight of carbonate of potash, dissolved in fifteen times its weight of water. The carbonate is then to be saturated with sulphuric acid, and the *pure alizarine* will fall to the bottom, of a fine red colour. When pulverized and well washed, it is orange red. Avignon madders produce from 2½ to 3 per cent. of madder.—*Revue Scientifique et Industrielle.*

ADULTERATION OF FIXED OILS.—The following mode of detecting this fraud is given by the *Echo des Monde Savant*. Fixed oils

solidify more or less when submitted to the action of certain chemical bodies, and their solidification is more or less rapid according to their purity. M. FAURE, of the Académie of Sciences, Bourdeaux, has established tables of solidification, by experiment with hyponitric acid, which display the exact amount of inferior oil mixed with that of superior quality. —*Pure olive oil of the finest quality* solidifies naturally at one degree below zero, (centigrade,) and at twelve degrees above it solidifies in the form of a lightish green magma in fifty-five minutes, when mixed with 1-100th of hyponitric acid.—If adulterated with nut-oil, or that of poppy-seed, the solidification is less speedy, as appears by the following table:—

Adulterated with			
5 per ct. of nut-oil it requires for solidification			
			1 h. 25 m.
—	poppy-oil	.....	1 30
10	ditto nut-oil	.....	1 48
—	poppy-oil	.....	2 25
20	ditto nut-oil	.....	2 27
—	poppy-oil	.....	4 5
30	ditto nut-oil	.....	5 10
—	poppy-oil	.....	11 20
50	ditto nut-oil	.....	7 15
—	poppy-oil	.....	26 36

Pure oil of almonds congeals at ten degrees centigrade below zero, but treated with the hyponitric acid, it becomes of a pale green colour, and solidifies in about fifty minutes at twelve degrees centigrade.

Adulterated with			
5 per ct. of poppy-oil it solidifies in			
			3 h. 5 m.
10	ditto ditto	.....	4 2
20	ditto ditto	.....	9 7
30	ditto ditto	.....	11 18
50	ditto ditto	.....	12 35

Another table is given of oil of colza adulterated with oil of *cameline*.

NEW HYDROFUGE, OR WATER-PROOF SOLUTION FOR STUFFS.—The caoutchouc water-proof tissues are of limited application, and for many purposes inferior to others, which, retaining their natural porosity, give passage to air and vapour, while they deny it to water. The Commissioners of the Institute of France, appointed to report on this discovery, enclosed in bags of the new hydrofuge cloth substances which easily attract moisture, and exposed the whole to the influence of rain for twelve hours, without the cloth having been penetrated by a drop.—The *hydrofuge solution* is prepared by dissolving in a litre of distilled water fifteen grammes (half an ounce) of *pure* isinglass. A separate solution is then made with thirty grammes of alum in a litre of boiling water; and a third solution with thirty grammes of white soap in half a litre of water. After having separately filtered these two solutions, the whole are boiled, and applied to the cloth by means of a brush, or by immersion. When the cloth is dried the lustre produced by the solution is to be washed away by a brush dipped in clean water. The solution must be of double strength for fine silks or cotton goods, and immersion is preferable for them.—*Echo du Monde Savant.*

NEW METHOD OF ENGRAVING WITH AQUA-FORTIS.—In the ordinary process a copper is covered with varnish, whose surface is smoked with lamp-black. The graver cuts through this surface and exposes the plate, which is submitted to the action of *aqua-fortis*. Many inconveniences result from this plan, which are entirely obviated by *gilding instead of varnishing the plate*. The gilt surface is penetrable by the finest needle, and consequently would expose the finest lines of the copper-plate to the corroding acid, which has no action on the gold.—*Ibid.*

PROVINCIAL MEDICAL AFFAIRS.

BELFAST.—APOTHECARY V. DRUGGIST.—A petition for Medical Reform has been extensively signed in this town and neighbourhood. It contains many strong points; and among others the following:—"That a provision should be made for educating and licensing a pure and scientific apothecary, not a practitioner in medicine, surgery, or obstetrics, conversant with chemistry, botany, and pharmacy, and protected in the exercise of his calling by the suppression of quack or patent medicines, as well as of all competition on the part of chemists, druggists, and grocers. The utility of such a member of our tripartite profession would be very great; undistracted by the solitudes of practice, and withheld, as well by his skill as by his respectability, from the purchase or sale of sophisticated drugs, he would faithfully co-operate with the physician and surgeon, in the common task of alleviating disease; while the two latter, freed from the harassing cares and petty details inseparable from trade, could devote their exclusive energies to the higher aims and interests of their profession."

BIRMINGHAM.—CLINICAL HOSPITAL.—The Queen and Queen-Dowager have consented to become the patrons of this Institution, and her Majesty has commanded that the Charity be styled "The Queen's Hospital at Birmingham." The Queen-Dowager has presented, through the Right Hon. the Earl Howe, a donation of £50 towards the building fund, accompanied by a kind letter. For the same object a donation of £20 has been presented by the Duke of Sutherland, £50 by Earl Stamford, £50 by Earl Fitzwilliam, £1000 by the Rev. Dr. Warneford, £200 by the Rev. Chancellor Law, £100 by Dr. Johnstone, £100 by J. E. Piercy, Esq., £50 by T. Uphill, Esq., £50 by E. J. Cox, Esq., and £20 by the Rev. J. Ellis.

KINROSS.—The Clackmannan and Kinross-shire Medical Association held their annual meeting at Dollar, on Wednesday, when the following gentlemen were elected office-bearers for the ensuing year:—Dr. Meldrum, Kincardine, president; Mr. Gall, surgeon, Kinross, vice-president; Mr. Thomson, surgeon, Tili-coultry, secretary and treasurer; Mr. Selkirk, surgeon, Newtonshaw, librarian and curator.—Messrs. Syme, surgeon, Alloa; Livingstone, surgeon, Alloa; White, surgeon, Balgeddie; and Niven, surgeon, Milnathort, members of committee.—At the above meeting, there was a full attendance of members, and several able and interesting papers on subjects connected with medicine were read by Messrs. Niven, Syme, and Thomson. It is highly gratifying to be able to state, that notwithstanding the comparatively limited extent of the districts within which the members reside, this Society continues to prosper, the funds enabling the members not only to procure the most important quarterly and weekly medical periodicals, but also some of the more expensive medical publications.

LONSDALE.—MEDICAL REFORM.—The petitions upon this subject have been numerous signed by the legal medical practitioners residing in the Hundred of Lonsdale North of the Sands. They were last week forwarded by Bernard Gilpin, Esq., to Mr. Patten, and we believe the Duke of Hamilton, for presentation to the two houses of parliament.

MULLINGAR.—An influential portion of the landowners and others in this neighbourhood "having long felt the want of a Visiting Dispensary, and of a Fever Hospital; in the town of Mullingar, and being satisfied that the relief which such Institutions, under proper regulations, are capable of affording, will not only be very beneficial to all classes in the district, but

by their effects in the prevention of pauperism will greatly assist in lessening the pressure of the Poor Rates," are actively exerting themselves to obtain the establishment of either or both of the Charities.

TUNBRIDGE WELLS.—The subscriptions in aid of the funds for erecting an Infirmary in connexion with the Dispensary, amount to upwards of £2,200, and it is confidently expected that they will reach £3000.

PLANS OF GENERAL MEDICAL REFORM.

THE Medical Association of Ireland, at their last Council meeting, May 7, resolved upon the publication of several "Propositions," strongly recommending them to the attention of their members. We extract the following as worthy general attention from the profession at large:—

"The Council are desirous of ascertaining the sentiments of the members upon the various projects for Medical Reform, which may be shortly classified as follows:—1. The establishment, by law, of one Faculty, having three branches, one in each of the capitals of the empire; such Faculty to include all practitioners in medicine, both physicians and surgeons; each branch to be governed by a representative council, elected periodically by, and out of the whole body of the Faculty in each kingdom. The councils to have the power of making regulations for the government of the profession, and also of admitting members; no person being permitted to practise without being examined and licensed as a member of the Faculty. The regulations of the three councils to be similar and uniform, general conferences being, from time to time, held in order to preserve uniformity. This 'One Faculty' plan contemplates the establishment of a class of scientific apothecaries, to be examined and licensed as such under the direction of the councils; also, that no practitioner 'shall be permitted to sell drugs, or to compound medicines, unless prescribed by himself, or by others in consultation with him, and for his own patients, except in rural districts, and by special license.' Mr. Donovan's proposal for establishing a College of Pharmacy, might, with some modifications, be made to coincide with this portion of the 'One Faculty' plan.—2. The effecting, in the first instance, of Educational Reform, by the establishment, by law, of Three Boards, which, alone, should have the power of examining and licensing medical practitioners—thus superseding the bodies (eighteen in number) which at present grant degrees, diplomas, or licenses in the medical art. The appointment of such board should be in one of three ways—either by nomination by the Crown, election by the profession at large, or selection by the Crown from names returned by the profession. This plan is intended to have the effect of ensuring a sound and uniform minimum of education, without which no person should be permitted to practise; but it does not contemplate any governing or protecting institution.—3. A third plan of Reform contemplates the continuance of the present corporations as examining bodies; but that they should be placed under the supervision of a board of control, empowered to superintend their operations, and oblige them to preserve uniformity in their examinations, and other modes of ascertaining the qualifications of persons seeking for their degrees or diplomas. That such board of control should not, itself, examine candidates, but should grant licenses to practise to those already examined by one or other of the existing corporations. That the license of the board should be obtained upon a mere production and verification of a certificate or certificates of

qualification from one or more of the existing examining bodies; but that without such license from the board of control, no person should be permitted to practise medicine within the British dominions. The appointment of the board of control might be made in one or other of the three ways, pointed out as applicable to the appointment of the examining board, contemplated in plan 2. These three plans, the Council have reason to believe, express the principles of the only feasible projects for Medical Reform, at present in agitation; they are now submitted to the consideration of the Association at large, without observation upon their respective merits."

CREVEILHIER ON CONSUMPTION.

THE *pathological changes which result from the cure of tubercles in the lungs*, are pointed out by M. Cruveilhier in a recent number of the *Bulletin Anatomique*. The healing process is described as taking place in five modes, which give rise to the following morbid changes. First, *Tubercles of cicatrization*, being either simple granulations, or enclosed in cysts; second, *cicatrized caverns*; third, *cysts containing matter resembling putty or chalk*; fourth, *melanic or slate-coloured induration*; fifth, *puckering or shrivelling*. A sixth is mentioned which is a mixture of the other species.

The *tubercles of cicatrization* are of the size of hemp-seed, extremely hard, and of a jet black or slate colour. They are more sensible to the touch than to the sight, being embedded in a perfectly healthy pulmonary tissue. They sometimes project, and at others are seated in a depression; when they are grouped, it is not uncommon to find the ambient tissue hard and melanic. When enclosed in cysts, the envelope is very thick and dense, forming, by its black colour, a contrast with the whiteness of the contained matter, which is sometimes like dried putty, or pulverulent plaster, or a calculous concretion. These two species of tubercles may be considered as belonging to different stages of the same disease. The second mode is by *caverns*, with dense fibrous walls, red, smooth, and secretory on the inner surface. They possess the appearance of a mucous surface, although the structure is different. The third mode, entitled *guérison par encystement*, is a variety of the mode of cure by caverns. The sound pulmonary tissue is separated from the diseased by a fibrous membrane, which forms a sort of barrier to the tubercular degenerescence. The latter is sometimes transformed into a single cyst, filled with a species of putty, and at others into several cysts, filled with cretaceous matter. The fourth mode is by *melanic or slate-coloured induration*, *croaking like cartilage under the edge of the scalpel*, and sometimes studded with cretaceous points. There is a variety of this species, in which the pulmonary tissue is dense, black, and impermeable, but fragile, and in colour and substance like a truffle of bad quality. The fifth mode is by the *puckering and shrivelling* of the pulmonary tissue. It has an embossed appearance. Portions filled with air, rarified, vesiculous, emphysematous, are separated by depressions formed by a band of indurated melanic tissue. The depressions of melanic matter are sometimes umbilicated.

CHLOROSIS CURED BY LACTATE OF IRON.—The experiments on this subject are being continued up to the present hour, without any abatement of success. The appetite and strength of the patients has been sensibly improved by it, and the palpitations under which they laboured has gradually subsided. The dose is the same as of other saline preparations of iron.

TO CORRESPONDENTS.

ERINENSIS.—Yes, it was in an Irish paper that the fact was announced of the situation of apothecary in the Ordnance Medical Department being abolished, the duty to be performed by an Assistant-Surgeon.

STUDENT, UNIVERSITY OF LONDON.—The first Examination for the degree of B.M. will commence on the 6th of July. The second takes place, we believe, in October or November next. The recent exposure and the generally unsettled state of the profession, will not tend to increase the number of candidates for the diploma.

J. W.—There are so many surgeons fully competent to treat the case, that it would be unfair to particularize any. Apply to any Member of the College of Surgeons, and avoid quacks as you would death.

RECEIVED FOR REVIEW.—A Treatise on the Physiological and Moral Management of Infancy. By A. Combe, M.D. Edinburgh: MacLachlan. Pp. 372.

DELTA, PARIS.—We have procured the book. How is it to be sent?

S. C.—We perceived the puff in the 'Morning Advertiser' of the Turnbull Quackery, which the more surprises us, inasmuch as that paper has stood manfully forward in the cause of Medical Reform. Indeed, with the exception of the 'Morning Advertiser,' the public papers have scarcely noticed the important question of Medical Reform. The press has done everything for quackery by puffing off any quack poisoner who could pay the price, and the same press has done much towards suppressing the efforts of professional talent to reform our medical code. The prayer of the vast majority of the petitions from the inhabitants of the various parishes of the metropolis has been, that "a report may be immediately drawn up, upon the evidence printed in the year 1834, that a Bill may be framed thereupon, and passed this session."

M. FOVILLE'S Memoir, read at the ACADEMY OF SCIENCES, PARIS, May 11, if confirmed, will probably cut up Phrenology by the roots; for the cranial protuberances are declared to be occasioned, not by the development of the organs supposed to be seated on the cortical part of the brain, but to depend upon the ventricles. The frontal eminences are round or oval, like the anterior horns of the ventricles. The occipital eminences, and more especially their depressions within, are more prominent, in the same manner as is the posterior part of the ventricles. The temporal eminences are oblique, like the temporal region of the ventricles; and finally, the convexity of the sincipital region is in perfect harmony with the vaulted eminence of the upper surface of the corpus callosum.

H. W.—In the parish of St. Margaret's, Westminster, a grave-digger died from the effects of putrid exhalations.—Mr. Baskerville, the surgeon who attended him, died, and his house-keeper shared the same fate.

THE HOMŒOPATHIC QUACKERY.—The following note exposes a method adopted for catching fools to swallow the infinitesimal doses, and acquaints us with the name of an "M.D." who appears to sanction it:—

To the Editor of the 'Medical Times.'

"Sir,—Upon calling on two ladies a few mornings ago, patients of mine, I found them both very uneasy in their minds from having perused a small pamphlet enclosed to them, describing various diseases of the heart, head, and stomach; all, fortunately, however, to be relieved, as the said pamphlet set forth, by infinitesimal doses of aconite, preparations of gold, &c., the latter (most likely) given to the prescriber instead of the patients. It had the address of 'Dr. Curie, 30, Lower Brook Street, Grosvenor Square.' I should wish to know whether this man is a Licentiate of the College of Physicians, and whether it is with his knowledge that these pamphlets are circulated.—Your well-wisher,

"AN ENEMY TO QUACKERY."

METEOROLOGICAL TABLE—accidentally omitted. Henceforth it will be regularly inserted.

NEW

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THE MEDICAL TIMES.

PROPOSED "MEDICAL REFORM BILL."

"CONSTANT dropping wears away stone," says the adage, and even the long-enduring and almost invincible idleness and procrastination of the "Hon. Member for Bridport," has been stimulated into a show of action by the reiterated calls which our columns have made upon him to redeem some of his promises, and honestly to perform the duty which he took upon himself. But once deceived we become sceptical for the future, and seven years' disappointments have taught us to look with an eye of strong suspicion upon any promises or professions emanating from men who have so repeatedly and shamelessly broken every pledge, and trampled upon every engagement. The session has grown old—petition upon petition has been sent into the Houses of Parliament to manifest the feeling of the profession—the public, as well as medical men, have called upon the Legislature to pass an Act to abate the enormous and increasing nuisance of Quackery—another member, Mr. French, has interested himself in the furtherance of Medical Reform—several journals have taken up the matter in earnest, and exposed the cajolery and tricks of the Wakley-Warburtonian clique, and at last, after his seven years' somnolency, the "Hon. Member for Bridport" arouses himself, like a second Rip Van Winkle, and makes a similar intimation in pretty much the same words as he used before his septennial slumber. But we must remind him that the world has not been equally quiescent to good deeds as he has; things have been progressing all the time, and a measure which in 1834 would have been a boon, would now be regarded as a stumbling-block. But we will copy the announcement as it stood in the daily Times, in the reports of the House of Commons:—"MR. FRENCH asked if the hon. member for Bridport would state his intentions as to Medi-

cal Reform? MR. WARBURTON said, he had looked to the order-book, and found, what with existing notices, what with race week, and what with Whitsuntide week (laughter)—no day open for his motion till the 16th of June, for which day he would give notice of his measure. MR. GRATTAN—Will it affect Ireland? MR. WARBURTON—Yes. MR. WAKLEY—Will my hon. friend move the re-appointment of the Committee? MR. WARBURTON—No, I mean to move for leave to bring in a Bill, and then move that it be referred to a select committee. MR. LUCAS—Will the measure refer generally to England, Scotland, and Ireland? MR. WARBURTON—Yes." "Give notice of a measure" on the 16th of June!! "Move for leave to bring in a bill, and then move that it be referred to a select committee!" All this to be done after the 16th of June—and the present, sure to be a short session. Have we driven Mr. Warburton to stir merely that he should again throw the question overboard for another year? Select Committees are very slow coaches, and no one knows this better than Mr. Warburton. No "Hon. Member" is better aware of the forms of the house, or of the ways and means of passing or *burying* a bill, than the philosophical member for Bridport; and we advise him, if he has the least regard for the maintenance of his position as a medical reformer, or the shadow of a wish to be regarded by the medical profession as other than a political charlatan and a shuffling cheat, to beware how he muddles forward a bill, muddles about a *Select Committee*, and muddles over the Session. Be it dishonesty or be it stupidity which might prompt such a dishonourable course, the result to Mr. Warburton will be the same. He will be regarded, and most justly so, as a man who having solicited and obtained the confidence of an enlightened and injured class of the community, learned their wants to deride them—received the leadership of their cause that he might betray them, and for the advancement of his own personal pecuniary desires forgot alike justice, honesty, and honour.

STUDENTSHIPS AT THE COLLEGE.

To the Editor of the 'Medical Times.'

SIR,—I am directed to request your insertion of the enclosed in your Journal, as an article of general information.—I am, Sir, your most obedient servant,

EDMUND BELFOUR.

College of Surgeons, May 26, 1840.

ROYAL COLLEGE OF SURGEONS IN LONDON.

The President and Council have great pleasure in announcing to their Members, that three Studentships in Human and Comparative Anatomy have been instituted by the College, to be held respectively for the term of three years, with the annual Stipend of one hundred pounds attached to each Studentship; and that, at the instance of the Director-General of the Medical Department of the Army, the Physician-General of the Royal Navy, and the Chairman of the Honourable East India Company, the General Commanding the Army in Chief, the Lords Commissioners of the Admiralty, and the Court of Directors, have, with the view of promoting the objects of the College, been pleased to place at the disposal of the President and Council, an Assistant-Surgeoncy in each Service, once in three years, for such of the said Students as may be considered worthy of these honourable distinctions. The President and Council have also the pleasure to announce that, with the view of rendering the PRIZES granted by the College more worthy of competition amongst their younger Members, they have augmented the Collegial (triennial) Anatomical Prize from Thirty to Fifty Guineas; and have added Ten Guineas to the like sum, allotted by its Founder, to the Jacksonian (annual) Surgical Prize.

(By order) EDMUND BELFOUR, Secretary.

May 18, 1840.

FIRST OF A COURSE OF LECTURES,

DELIVERED BY A PRESIDENT OF A ROYAL
COLLEGE OF PHYSICIANS.

It has ever been my object to elevate and dignify the profession of which I have so long and indisputably been at the head, both by precept and example; it has been my endeavour to effuse high moral feeling into the spirit of medical philosophy, nor has the overruling Providence frowned on my attempt. When I ask if I have sustained the dignity of the profession, my bosom thrills with a responsive affirmative; my modesty, however, imposes silence. If Providence, in consideration of the merit I possess, has raised me thus near the pinnacle of fortune, it is not for me to boast—"He who exalteth himself shall be humbled," saith the inspired writer. My mission to the higher members of the profession is fulfilled, but the spirit of beneficence prompts me to still further exertion, to endeavour to generate some degree of high morality in the lower orders of the profession, and to instil into them some portion of refined feeling, so as to raise them above that inferior grade to which they are, as it were, enchained, by the vulgarity of common sense, and to increase their influence over society at large. Many there are whose low and grovelling spirits are unsusceptible of elevation; the force of a Titan, indeed, were unequal to the effort, nor shall I make the attempt; as in the parable of the sower, seed may fall on the barren rock where germination is impossible; but I sincerely pray, my friends, that your minds may prove a fertile soil. With the blessing of Providence on my endeavour, I doubt not to be able to refine and spiritualize the grosser portion of your composition—to raise your minds from mere matter of fact considerations to its high moral incomprehensibilities whereby your professional exertions may be attended with more pecuniary advantage. It is not to be expected that you can be elevated to the height of moral dignity; that you can become cognizant of the profundities of intellectual sentiment. No! these are shrouded from the eyes of inferior beings; they can be approached but through the portals of our venerable College; the dignity of the fellowship will alone entitle to initiation. But, alas! when I am removed from my present sphere, when the duchess and the dowager-marchioness shall have obtained for me the coronet which I have so long expected, who will maintain the moral altitude of the profession? who is fit to sway the rod of empire after me? Alas! I tremble for the result. But we must turn from such melancholy thoughts to the subject of our present inquiry.—Ethics I would define as the doctrine of appearances; to seem is to be, though we are not necessarily what we seem. Appearance is the essence of existence, the current coin of the world; it alone has value—what they term reality is a nonentity. The consequence of action is proportioned to the seeming, which alone, therefore, affords the medium of judgment. In the art of seeming, then, is centered all philosophy, affording the grand rule of action. The best seer is the greatest philosopher! That, then, which is true of philosophy as a whole, is alike applicable to its segments, of which medicine is one, and with respect to it we will proceed to apply our principles. How true it is that man's wisdom is but folly, unsusceptible of philosophical refinement: he has ever aimed at associating reality with appearances, and appearances with reality. As well attempt the amalgamation of oil and water! No, gentlemen, they must be regarded in the abstract; the one has nothing to do with the

other; and as appearance alone is essential, I shall confine myself chiefly to considering medical science in reference thereto.

EFFECTS OF DRUGGISTS' PRESCRIPTIONS.

To the Editor of the 'Medical Times.'

SIR,—Should the following case, illustrative of the pernicious effects of medicines when injudiciously employed, and the treatment adopted to counteract those effects, prove interesting to your numerous readers, you will perhaps insert it in your valuable Journal.—I remain, Sir, a constant subscriber,

M. R. C. S.

Upper Sloane-street, Chelsea, May 22, 1840.

J. L., a foreigner, aged twenty-four, applied to me on Wednesday the 13th of May last, under the following circumstances. He states that a week before this he contracted a gonorrhœa, for which he took cubebs, but they not removing the discharge so soon as desired, he, on Tuesday, the 12th, at ten o'clock, applied to a chemist and druggist in St. Paul's Church-yard, who gave him a $\mathfrak{z}\text{vj}$. mixture, of which he was to take a tablespoonful every four hours; up to this time he had been very regular in his bowels, and suffered no indisposition beyond the gonorrhœal discharge. He presented himself with the following serious symptoms. A yellow and anxious expression of the face, a foul and furred tongue, pulse very weak and low, a hard drum belly, attended with violent pain, great pain and distension above the pubis, and in the region of the bladder, attended with great nausea, rigors, and great general debility; frequent desire, but total incapacity, to empty either the colon or bladder. It was twelve o'clock in the day when I saw him, and he states that after the first dose of the mixture which the druggist had given him, he was attacked with the above symptoms. On examining the mixture, it evidently contained tinct. Canth. and tinct. Cubebe, in large doses. Since the taking of it the discharge was entirely removed. I immediately prescribed Pil. iij.—R. Ol. Crotonis T. gtt. j ; P. Ex. Coloc. Co. gr. vj ; Saponis Hispaniol. gr. ij , statim sum. I ordered him immediately to bed, and strict antiphlogistic diet. He was to take half a drop of Croton oil every two hours until the bowels had well acted. In the evening I visited him, and found he had had many violent watery evacuations, which had given him considerable ease, though he had been unable to pass any urine by the urethra. I ordered him a Mist. $\mathfrak{z}\text{vj}$.—R. Sodæ Carb. $\mathfrak{z}\text{ij}$; Mist. Acaciæ $\mathfrak{z}\text{ss}$; Mist. Camph. q. s. M., sumat Coch. ij . ampla 2da quaque hora. The next day I found him much the same as the preceding night, but he had voided a few drops of urine with agonising pain. Ordered the same mixture, with the addition of Sp. Æth. Nitr. $\mathfrak{z}\text{ij}$; Liq. Potassæ $\mathfrak{z}\text{ij}$, ut antea sum. In the evening when I visited him, found his tongue cleaner than before, his pulse pretty regular, his bowels had been well acted upon during the day, and he had discharged with great difficulty, and drop by drop, about half a tumbler full of thick muddy-coloured urine, attended with pain along the urethra, and particularly so at the bulb of the penis. Repeat the mixture. The next morning the symptoms were the same as over night, except that he voided his urine with greater pain, and in not so large a quantity. I endeavoured to pass a catheter, but the patient was seized with such rigors and sickness, as to prevent me so doing. In the evening, however, and the next day, by continuing the mixture, he was enabled to pass about half a pint of urine, though with still excessive pain, and in an irregular manner. On Sunday morning

the symptoms assumed an alarming appearance; his bowels were constipated, his tongue presented a foul and furred appearance; he was totally incapable of discharging a single drop of urine, and felt considerably exhausted. I applied six leeches to the urethra, and gave him immediately gtt. j . of Croton oil, in $\mathfrak{z}\text{ij}$. of Ol. Ricini, and directed him to continue the mixture as before. On Monday morning when I called, I found him well relieved in his bowels, though, as yet, there had been no improvement since yesterday in the voiding of his urine; I immediately bled him to approaching syncope, ordered him the following mixture, of which he was to take $\mathfrak{z}\text{ij}$. every two hours. Mist. $\mathfrak{z}\text{vj}$.—R. Sol. Mag. Sulph. $\mathfrak{z}\text{ij}$; Liq. Potassæ $\mathfrak{z}\text{ij}$; Infus. Sennæ Fort. $\mathfrak{z}\text{ss}$; Mag. Sub. $\mathfrak{z}\text{ij}$; Vin. Ant. T. $\mathfrak{z}\text{ij}$; Mist. Camph. q. s. M. I also directed him to rub on the penis mild mercurial ointment night and morning, and at night to take the following pills; Pil. iij.—R. Camphor. gr. v ; Opii gr. j ; Calomel gr. ij ; Ex. Hyoscyam. gr. ij . ter. The next day the improvement was astonishing, his bowels had, of courses been greatly acted on, but he now passed his urine in a full stream, with very little pain. Rep. Mist. $\mathfrak{z}\text{vj}$, Pil. iij., and Ung. Hydr. Mit. The next day he manifested still greater improvement; the pain having subsided, and being excessively low, I changed the medicine, and gave him Mist. $\mathfrak{z}\text{vj}$.—R. Bals. Copaiba $\mathfrak{z}\text{ss}$; Mist. Acaciæ $\mathfrak{z}\text{ss}$; Ol. Cinnamomi gtt. xv ; Aq. q. s. M., Coch. ij . ampla ter die sum. The next day he was enabled to go about his employment, all inflammatory symptoms having abated; he, however, is going to continue his Balsamic mixture one week longer to prevent a relapse.

The above interesting case plainly proves the absolute necessity of Medical Reform; this young man entirely owes his severe illness to the ignorance of a chemist and druggist, who stopped the discharge of his gonorrhœa too suddenly, without sufficient attention in the first instance to subdue the accompanying inflammation. It is high time the public should be protected from such consequences.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 16th May, 1840:—

Epidemic, endemic, and contagious diseases	157
Diseases of the brain, nerves, and senses	152
Diseases of the lungs, and other organs of respiration	238
Diseases of the heart and blood-vessels	16
Diseases of the stomach, liver, and other organs of digestion	66
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c. .	7
Diseases of the joints, bones, and muscles	10
Diseases of the skin, &c.	3
Diseases of uncertain seat	120
Old age, or natural decay	62
Violent deaths	15
Causes not specified	1

Deaths from all causes

853

A PETITION for Medical Reform was presented to the House of Commons on Friday last, by Mr. Patten, from the Practitioners of Lancashire.—On the same evening Mr. French presented a petition, complaining of the operation of the Anatomy Act.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Bulletin de la Société Anatomique.—Bulletin Chirurgical de Laugier.—Gazette Médicale.—Gazette des Hôpitaux.—L'Esennape.—Revue Scientifique et Industrielle.—Archives de Médecine Belge.

Compression of the Osseous extremities in white swelling, as recommended by M. Lavaracherie, Professor of the University of Liege, forms the subject of an article of the *Bulletin Chirurgical* of M. Laugier, in praise of that practice. The *compressing of the soft parts*, as both these gentlemen admit, is not new, inasmuch as the former quotes Brodie, and some others, in support of the method; but as to the *white swelling of the bones* where the tumour exists in the bone alone, while the soft parts are rather wasted than tumefied, nothing was dreamt of but amputation. Unfortunately cases still occur in which this alternative is inevitable, but very many others exist where compression, skilfully applied, reduces the tumid bones to their natural size, the fistulous openings heal, the general health promptly amends, and a complete cure is effected, to the great surprise of the surgeon, who has been accustomed to a very different result.

Should amputation of the neck of the Uterus be performed when cancerous? for the return of the complaint is morally certain; but *is not the present relief from suffering and hæmorrhage a sufficient justification*, even with the certainty of return? Such is the question which M. Laugier answers in the affirmative; but where the disease occurs without pain, or those abundant and repeated sanguineous discharges which exhaust the patient, he thinks it inadvisable. He gives another condition, as follows:—"Where a permanent sanguineous exudation exists, so as to fatigue and exhaust the patient, we should not hesitate in carrying the bistoury or the scissors beyond the diseased part, so as to change the bleeding ulcer into a fresh wound, which may cicatrize, at least for a time."—The excision of the neck of the uterus, in the treatment of cancer may be considered as the best hemostatic agent, "since it generally puts an end to a symptom which otherwise would prove fatal, and may perhaps for ever prevent its return; for it is not certain that in the ulterior relapsed cancerous affection that the hæmorrhage will be as destructive as in the first instance. Hæmorrhages, again, are not so easily suppressed by cauterization, which also requires to be frequently renewed. It is difficult to cauterize fungosities projecting an inch or more across the vagina, which the speculum cannot so embrace as to protect the canal, and caustic frequently increases cancerous disease: in cases of incessant hæmorrhage death is sometimes produced from that cause alone. Amputation does, indeed, sometimes occasion fearful accidents, but they are uncertain and rare. It is, therefore, preferable to the certainty of not only a fatal termination, but of one near at hand."—After the first days of the operation are passed, months and even years of life may be gained by the patient, which is an incontestible benefit, and of this result, or of its possibility, M. Laugier supplies two cases, which we subjoin:—

CASE 1.—Bleeding cancerous fungus of the neck of the Uterus—Successful amputation.—The fungus was seated on an indurated basis, and was capillated on its outward borders. It bled continually, and the patient was almost drained of the vital fluid, although she retained her moral energies. She eagerly demanded the operation, which was performed by long curved scissors, after the uterus had been brought

down by means of double-hooked forceps fixed in its sound part beyond the neck. The quantity of blood from the excision was very trifling; but two hours afterwards a terrific hæmorrhage occurred, which, however, was suppressed by cold liquid applied to the abdomen, and within the vagina. A healthy wound succeeded the operation, and some slight applications of nitrate of silver completed the cure. Ten months afterwards the woman walked the *Boulevard des Italiens* in the discharge of certain functions which require a sound state of the organs of generation; but M. Laugier has some reason for believing that in the following winter the disease returned. Two years, at least, were gained to the patient.

CASE 2.—Cancer of the posterior lip of the Os Tineæ—Successful resection.—The patient for nearly twelve months had abundant discharges of blood from the uterus without pain; at length, on examination by the speculum, redness and excoriations were discovered on the neck of the uterus, which were cauterized with nitrate of silver eight times. About seven months afterwards, a tumour of the size of a small nut having been recognised, M. Nauden, of Toulouse, attacked it by ligature, with the effect of suppressing the sanguineous discharges; but the latter were exchanged for copious leucorrhœa, and a new tumour was formed a month afterwards. The patient, on being received at Beaujon, under M. Laugier, was found to have a tumour on the posterior lip of the neck of the uterus, soft, friable, and sanguineous. The countenance was pallid, the lips bleached, blood oozed continually from the vagina, and it was visible that more copious hæmorrhages might easily prove fatal. The excision was therefore resolved upon.—An attempt was made to seize the uterus beyond the diseased part; but as the slightest traction seemed to tear the uterine tissue, another hooked forceps was fixed in the sound anterior lip, by which it was brought down, and the tumour of the posterior lip was excised by the long-curved scissors bit by bit. The tumour was found to consist of encephaloid matter and schirrus.—Two months after the operation, the patient was considered to be cured by those who are not aware of the almost inevitable recrudescence of these complaints. On examining the uterus, no induration remained, but the patient had occasional lancinating pains in the loins. Yet many months may elapse before the disease returns.—The original article in the *Bulletin Chirurgical* should be consulted by those who require more particular information. Every page of this journal teems with instruction from the valuable remarks of the editor, who is one of the most experienced hospital-surgeons in France.

The *Bulletin Anatomique* contains the following case—**Tumour in the vertebral canal—Paralysis of the lower extremities, Bladder and Rectum.**—This case, in which the functions of the bladder and rectum were completely destroyed, I am the more tempted to report in consequence of the strange opinion entertained by some eminent French pathologists, that *complete* paralysis of the lower extremities may exist at the same time with hemiplegia, although without derangement of the urinary organs or rectum. I have no time now to report one of the most extraordinary cases of simulated paralysis which ever occurred, and which still baffles the most eminent among the medical academicians here, who are too blind to detect it; but I will recur to this singular fact in a future communication, and I merely advert to it thus briefly to raise a question, whether a case is not *necessarily* simulated, where appearances of *complete* paralysis of sensation and motion in the lower

extremities, in connexion with alleged hemiplegia, exist, without the slightest functional derangement of the bladder and rectum?—The case reported in the *Bulletin Anatomique* occurred at Bicêtre; the patient during eighteen months had been subject to epileptic attacks, with violent pains in the loins, darting through the penis to the glans. The urine contained a considerable quantity of mucus, and its flow was occasionally intercepted; but as the interruption ceased on a change of position, a suspicion of stone in the bladder naturally arose. A sound was accordingly introduced, but nothing was discovered. The temporary suppressions of urine were at length changed for complete incontinence, and it was impossible to retain the contents of the bladder without constant compression of the penis, while the bowels became so obstinately constipated, that the man was obliged to introduce his finger into the anus in order to produce an evacuation. The pains in the lumbar region now became lancinating, and a sensation of pricking, with numbness and impaired movement, was experienced. An eschar formed on the sacrum. On pressing the vertebral column no pain was occasioned, nor was there any external indication of that tumour which was subsequently found to project into the vertebral canal.—These symptoms having gradually increased for about a month, the paralysis became complete, shivering, succeeded by heat and perspiration, now took place every evening. New eschars and ulcerations were formed, which finally brought away the two last bones of the coccyx.—As the disease advanced, night-sweats and colliquative diarrhœa contributed to increase debility. The man became eventually insensible to the constant discharge of fæces and urine, and œdema seized upon the lower extremities, together with the penis and scrotum, which were also paralyzed.—Throughout the whole course of the disease the man was also labouring under pulmonary symptoms, with purulent expectoration. The paralysis of the limbs in front was limited to about half an inch below the groin, but behind it extended as high as the junction of the fourth and fifth lumbar. On each side it was bounded by lines drawn from the part of the vertebra in question, about two inches beneath the crista ilii, down to the line of the groin. The cord and the testicle retained their sensibility, although the penis and scrotum were affected.—The temperature of the paralyzed parts appeared, to the touch, sensibly diminished, but thermometers, applied to the hollow of the ham and axilla, manifested no difference in the degree of heat.—On laying open the spinal canal a tumour was found, which had passed through the intervertebral foramina, from beneath the muscles of the back. It occupied about three-fifths of the surface of the canal at that part, compressing the cord from the origin of the eleventh dorsal to below the first lumbar. The cord was also softened at that part. The pleura, lungs, and bronchial ganglions, were filled with tubercles. Nothing was found in the urinary organs, or brain.

The *Gazette Médicale* supplies the following among other cases of *Empyema*:—

Empyema subsequent to Pneumonia—Operation—Death.—A stonemason, aged eighteen, had fever, with evening exacerbations, for eight days, at the end of which time the paroxysms became irregular. A want of resonance, and slight ægophony with pains, were experienced on both sides of the chest, and there was general œdema, with inappetency, and great prostration of strength. For several days he remained with slight febrile symptoms, rising during the day, and taking such food as hospitals afford; at length he was seized with violent shiverings,

followed by heat, frequent cough, and pain in the left side, and signs of considerable effusion were manifest on percussion.—Bleeding, blisters, and cough medicines, were resorted to without benefit; the fever continued, with great emaciation; diarrhoea supervened; the respiratory sound was only heard on deep inspiration, and then only in the upper part of the lungs. The convexity of the chest was increased (from the elevation of the ribs, so as to come off at right angles from the vertebral column, instead of the natural acute angle), the intercostal spaces were enlarged. Suffocation was imminent, and the patient could only lie on the left or affected side.—A trocar was introduced between the fourth and fifth rib, midway between the sternum and the vertebræ, by which about five litres of serous liquid, with pseudo-membranous flakes, were drawn off, and the trocar was frequently plugged up by the latter so as to render it expedient to syringe the chest in order to clear away the whole.—The operation was attended with but little pain, and greatly relieved the patient, who could now lie on the right side. The respiration was more expansive, but a species of cavernous ægophony was heard, and blood was expectorated. The œdema of the face and limbs greatly subsided.—Three days afterwards the patient, on raising himself in bed, heard a sound of liquid in the chest, the existence of which was confirmed on percussion. Extract of bark and a blister between the shoulders were prescribed, but the old oppression returned; the cough was frequent; the eyes were sunken, and the cheeks suffused with the hectic flush. The œdema returned, and the liquid in the chest increased so as to press down the spleen.—About two months from the first operation, a second was performed, by which four litres of purulent serum were drawn off; the cavity, however, soon refilled, and another fortnight closed the scene in death.—On dissection, the chest was found to contain four litres of purulent serum, with pseudo-membranes. The left lung was diminished in size, puckered at the upper part, and hepatized throughout. The pericardium contained yellowish serum.

Severe Croup — Impending suffocation — Tracheotomy successfully performed.—This important case occurred in a child, seven years of age, under the care of M. Goulthier de Claubry. After recovering from typhus fever, the little sufferer was attacked with dyspnœa, and other symptoms of disease in the respiratory organs, which rapidly increased until the voice was lost. Asphyxia was imminent; the pupils were dilated, the skin was cold and colourless, and the pulse feeble and depressible. For some days past, suffocating paroxysms of cough had been accompanied with a particular noise, so as to leave no doubt of the existence of croup in its last stage. On examining the fauces, pseudo-membranes were seen upon the velum palati, the uvula, and the pharynx, and this exploration proved nearly fatal, by provoking a new fit of suffocation. M. Robert, the colleague of M. Laugier at the Hospital Beaujon, made an incision into the trachea; the air rushed in with violence, and cough followed. A portion of the false tracheal membrane having presented itself at the orifice, was removed, as were other fragments afterwards.—The lips of the wound being drawn asunder by means of forceps, brought to light other membranous productions in the lower part of the trachea. A canula was placed in the trachea, other fragments of membrane were removed by means of a little sponge at the extremity of a thin whalebone. This instrument was frequently passed over the tracheal surface, and warm marshmallow decoction was dropped through the canula

into the trachea, with a view of exciting cough for the ejection of the membranes.—For several days cylindrical membranes were voided, and afterwards a pultaceous matter. Some of the former were bifurcated, and appeared to come from the lesser bronchia.—On the twelfth day from the operation, the wound was largely open, with its lips tumefied, everted, and in full suppuration. The entrance of the air no longer produced cough. At the moment of completing the operation, the child seemed again to start into life. A previous auscultation proved the absence of vesicular respiration, and it appeared evident that the smallest bronchial ramifications were occupied by croupal productions, which opposed an obstacle to the penetration of the air.—During the interval since the operation, the child had been attacked with pneumonia, in addition to its other distress, but this was successfully combated by emetic tartar and blistering. The emetic tartar produced sanguinolent dejections, with false membranes, and it is a remarkable fact that the blistered surface also supplied them. The wound in the trachea did not heal until the forty-fourth day.

REVIEWS.

A Memoir on Extra-Uterine Gestation. By Dr. WILLIAM CAMPBELL. Edinburgh: 1840. Pp. 154.

"THE task of an author," says Johnson, "is either to teach what is not known, or to recommend known truths by his manner of adorning them." Dr. Campbell fulfils both these objects. He has shed new light on a curious subject; and he has also collected what was before known, and condensed it into a moderate compass. The few first pages are on the literary history of extra-uterine gestation; and it is shown, that so far from the cases of Riolanus being the first on record, as has been recently stated, similar ones are related by Albucasis, Polinus, Cornax, Cordæus, Hil-danus, and others. A very good account is given of the effects of impregnation on the organs of reproduction, evolution of the ovum, and its transit towards the uterus. The various arrangements of the varieties of extra-uterine gestation are then discussed. Here we must allow the author to speak for himself.

The following division of the subject may be considered as unobjectionable as any that have been offered, viz., ovarian, ovario-tubal, and tubo-uterine. These terms, however, are merely relative, and intended not to imply that fecundation is performed in a different organ, or happen differently in those cases to what takes place in natural gestations, but to particularize the different situations in which the product of conception may be arrested in its progressive advancement towards the uterus.

The great bulk of the work is taken up with cases in illustration of ovarian gestation, ovario-tubal, tubal and tubo-uterine, according to the arrangement of the author. He records many for the first time, and has shown great industry by the large number he has collected from other authors, and the numerous and valuable bibliographical notices he has given.—The chapter on the symptoms of these irregularities is the fullest account of that subject in our language, but, after all, is anything but satisfactory. As might be supposed we have nothing on the causes, beyond speculation. We give the following extract from the chapter on diagnosis:—

If, after suppression of the catamenia and other phenomena of pregnancy for one or more periods, an individual were to be suddenly seized with uncontrollably acute pains in either iliac region, even antecedently to the period of

quickening, accompanied by a well-defined swelling at a corresponding point, sanguineo-mucous discharges per vaginam, frequent desire for, and pain attending micturition, tenesmus, with a sense of fainting, such ailments ought certainly to warrant a practitioner in suspecting an ovarian or tubal pregnancy. Were the uterus found in an elevated position in the pelvis, and besides this organ, an additional body detected in the same cavity, such a discovery might certainly be viewed as a corroboration of our suspicions. When, after the presence of foetal movement cannot be questioned, the cervix uteri is found directed towards the pubis, so much elevated in the brim that it can be felt with difficulty, or that it cannot be reached at all, there need, generally speaking, be very little doubt as to the presence of extra-uterine gestation.

We have not space to speak of the manner in which the prognosis, termination, pathology, and treatment are discussed. Had the work been one of equal excellence on a class of cases more frequently met with, we should have given it a more lengthened notice. But as the majority of practitioners may pass through a long life and not be consulted on a single case of extra-uterine gestation, all we have to do is to strongly recommend the treatise of Dr. Campbell to all those who are anxious to obtain an intimate knowledge of the subject.

Portrait of Dr. Paris. Painted by CHARLES SCOTTOWE. Highley.

AN admirable likeness of the author of the 'Pharmacologia.' The engraving is in mezzotint, and of very handsome size—the painting we have not seen, but Mr. Scottowe must have been most successful, or the engraver, Mr. Bellin, could not have given so faithful a portraiture. The Doctor makes a good picture, and his friends and admirers will be grateful to the artists for affording this very handsome appendage either to drawing-room or surgery.

Illustrations of Midwifery, and a Complete Atlas and Companion to all Obstetric Works. By M. RYAN, M.D., &c. &c. Parts VI., VII., VIII. Pp. 96. Ballière.

THIS complete work is fast progressing to a favourable termination, two more parts finishing the volume. The three parts before us contain twelve plates, and three times as many figures and diagrams, illustrating various practical points in difficult parturition. We shall defer, until the completion of the work, some comparisons which have been forced upon us in reference to this volume and the more expensive ones which have gone before it.

APOTHECARIES' HALL.—List of gentlemen who having passed the examination received certificates of qualification, on Thursday, May 21:—Samuel Fowler Underhay, Brixham, Devon; William Isaac Nicholas, Winchester; Franklin Hudson, Ewell, Surrey; Edward Henry Whittle, Lamberhurst, Kent; Charles Ricketts, Titchfield, Hants; Rice Wasborough, Bristol; John William Fletcher, Sheffield, Salop; Joseph Chapman, Blundeston, Suffolk; Henry Girdlestone; John Kay; Harry Barrington Tuttielt, Newport, Isle of Wight; John Dunn Wrangham, Wragby, Lincolnshire; Thomas Marchant Tomkin, Witham, Essex; Henry Long Jacob, Rochester; Robt. Simon March, Liverpool.

On Tuesday, in the House of Lords, Lord Brougham presented a petition from the Medical Association at Armagh, praying for Medical Reform.—On the same evening, in the House of Commons, Sir R. Ferguson presented a petition, from the medical practitioners of Nottingham, praying for Medical Reform.

INSTITUTE OF FRANCE.

ACADEMY OF MEDICINE.—MAY 12.

M. CAPURON read a second report of a communication from Dr. Piedagnel, entitled '*Violence exercised on a Child during delivery, and felt by the Mother.*' The question is, whether the words "*supposed to be*" ought not to have been added, in reference to the feelings of the mother. Such appears to be the opinion of the reporter, and of the Academicians in general; who *deny the existence of any nerves capable of transmitting sensation from the infant to the mother*, although many authors have inconsiderately affirmed the contrary notion. Everard Home, whose scientific researches are very lightly estimated at present, pretended to have discovered nerves in the umbilical cord of an animal. The anatomy of PORTAL quotes M. RIBES as an authority for the same fact in the human body, but M. RIBES, who was present at this meeting, denies that he ever entertained such an opinion; and PORTAL assigns the hepatic plexuses as the origin of the supposed umbilical-cord nerves, which would not account for the transmission of sensation to the mother. Socmmering vaguely speaks of these nerves, but he had never dissected them.—The case as related by Dr. Piedagnel states, that a child's scrotum *in partu* being mistaken for a tumour, was scratched and pinched, and the mother squalled; but this proves nothing more than that the child winced, and kicked the uterus of the mother, so as to make her squall.—M. BRESCHET rose and said, "I have often sought for nerves on the umbilical cord, not only in man, but in many animals. Once I thought I had discovered them, and I showed little filaments (imaginary nerves) to the elder BERARD, who also believed in their existence; but I have since discovered our error. These little filaments belong to the cellular tissue; they are in immediate contact with the vessels, and resemble nerves by their colour and form. I have had an opportunity of seeking these nerves on the umbilical cord of a whale, and found nothing, although they could not have escaped my research had they existed on so large a surface; moreover, it is a general law of comparative anatomy, that the nervous substance, whatever be its form, is never seen in temporary and caducous organs. The same remarks are applicable to the lymphatics.—M. GERDE expressed himself as follows: I do not think that nerves exist in the placenta, or on the umbilical cord. In vain will it be urged, that these nerves may be so minute as to escape our gross optics, for, like all other tissues, they have an elementary composition which the microscope has revealed to us. If they existed, the microscope must have brought them to light. I do not, however, approve of the reasoning of the reporter, M. Capuron, who seems to think that sensation cannot exist without the presence of nerves. There are certain phenomena of sensation which seem independent of the nervous system. Our science on the subject is incomplete. There is a species of sensation which, in contra-distinction to that excited by physical stimulation, may be denominated morbid, because it spontaneously arises in disease. Take, for example, the morbid sensibility of the bones.—If we cut or burn a bone on the living subject, when carefully detached from its soft parts, no sensation will be experienced, but let that bone become diseased, it will be exquisitely sensible without external stimulus; yet no nerves have been discovered in them. In operating for strangulated hernia, I have made repeated trials, in order to ascertain whether the sac was sensible. I have squeezed, rubbed, and scratched it, without exciting sensation; yet, in peritonitis, it becomes excruciatingly painful.—M. CAPURON, in the name of M. DUBOIS and himself, made a favourable report on the advantage of Charrier's artificial nipples and sucking bottles, made of ivory, rendered flexible by immersion in dilute mineral acid.

ACADEMY OF SCIENCES.—MAY 15.

BOTANY.

Observations on the development of the Pollen in the Gui, and on the changes in its ovules, as well as those of the Thesium, by M. Decaisne.—M. DE JUSSIEU read a report on this memoir,

in the name of Messrs. Mirbel and Brogniart and himself. The author has carefully examined the development of the essential organs of the *gui* (*viscum*), both male and female. The material question is, whether the differences between the sexual organs of this plant, and the greater number of phanerogamous vegetables, could throw light on certain points of vegetable organization? In the *gui*, the anther is distinguished from the calix by the absence of colour. Many lacunæ form within it in course of time, which seem to result from the destruction of cellular tissue. They become filled with mucilaginous tissue, composed of utricles. The anther at this period, presents three sorts of cellules, colourless, grey, and yellow. The transparent utricles soon become obscured by the appearances of granules, which soon unite in one mass. Their fluid contents become solid. The vesicles thicken by the formation of successive layers in their interior, and are divided by partitions. These parts are not co-existent; the more ancient disappear as the new ones arise. These observations accord with what is known of the formation of vegetable tissues, and especially those of the pollen. In the greater number of plants, when the pollen is arrived at maturity, the cells are divided into elastic filaments, whose play produces the opening of the anther. Nothing of the kind exists in the *gui*, whose cells are dehiscent externally. At the same epoch, the female flower is expanded; nevertheless, no ovule is perceived. The ovarium alone is distinguished—at first full, then hollowed into a cell, in which a small pulposus body is perceived in company with two smaller filaments, in shape of a club formed by the ovules, two of which have already a commencement of abortion. These ovules grow rapidly, and at the end of a few days, a spot indicates the place of the embryo, which is developed as in the other cotyledons. The ovule of the *gui* is therefore different from others.—M. A. BROGNIART had already considered the ovule of the *thesium*, as presenting this remarkable organization. From the comparison of his observations with those of M. Decaisne, the latter has added some new facts. In the interior of the ovule is a small conical body, which afterwards becomes connected with another tube, descending from the base of the style, and swells and bursts. The ulterior formation of the embryo in this organ, leaves no doubt of the nature of the vesicle. It is an embryonous sac. The nucellus is naked, but is only temporary; and Sir Robert Brown has signalized something of the same sort. M. Decaisne has discovered another organ in the oviferous apparatus of the *thesium*. It is a tube situated in the central column, digitated inferiorly, and appearing when the embryonous sac ruptures the nucellus. Is this tube a bundle of nutritious filaments?

FOREIGN HOSPITALS.

HOSPITAL LA CHARITE.—M. VELPEAU.

[From our own Reporter.]

AMPUTATION OF INVERTED UTERUS—DEATH.

THE fatal termination in this case, on the fourth day after the operation, arose from sanguineous effusion within the abdomen, from the incised uterus, inasmuch as nearly a litre of blood, in a state of decomposition, was found in the peritoneal cavity. The reader will therefore note the mode of performing the incision, in order to devise a mode of avoiding a similar termination in any future case.—The patient, twenty-six years of age, had the inversion of the womb for a period of eight months after delivery. The greater part of its internal surface protruded in the form of a pear through the os tincæ, by which it was constricted so as to constitute the *incomplete species of inversion*. Terrific uterine hæmorrhages had frequently occurred, and on two occasions the exhaustion was so complete, that the patient was considered to be dead. The os tincæ, forming an indurated constriction around the root of the tumour, seemed, in the opinion of M. Velpeau, to leave no chance of pushing back its fundus, although I see no reason why that constriction might not have been cut up in the same way as we incise a strangulating ring in hernia; but this

consideration apart, nothing remained excepting amputation or ligature. Amputation is formidable from consecutive hæmorrhage, inasmuch as having no means of tying the arteries, we risk the flow of blood into the cavity of the abdomen, of which the patient may either die *instantly*, or, as happened in the present case, by stagnation of the effused fluid in that part. The ligature, which operates by producing a gangrenous sloughing of the inverted viscus, is liable to serious objections from that cause, to say nothing of the excruciating torment it occasions. After another alarming hæmorrhage, which occurred on the arrival of the patient in the hospital, the amputation was resolved upon, more especially as the near approach of the menstrual period excited apprehensions of a new discharge. The tumour having been seized by hooked forceps, was slowly drawn down to the entrance of the vagina, where it was retained while a ligature was passed through its substance from above downwards, in order to facilitate the traction, and diminish the chance of laceration from the hooks. The whole was then brought out of the vagina, a ligature was applied round its root by means of Dupuytren's instrument, and the whole was removed by a single sweep of the scalpel, about a centimetre in front of the strictured part. The stump consisted of a portion of the inverted neck, to which the ligature had been applied too imperfectly to prevent the internal hæmorrhage, which carried the patient to the grave. No pain was felt from the incision, nor was any external hæmorrhage experienced subsequently to the operation. Opiates were freely administered the first day. On the second, acute pains were felt in the abdomen, with frequent nausea. Leeches and five frictions of mercurial ointment were applied through the day, with apparent benefit, for on the third day the symptoms had abated; but on the fourth, in the afternoon, the pains and vomitings returned with severity, and at midnight the patient was a corpse. On dissection, nothing was found but a litre of blood in a state of decomposition, which filled the pelvic cavity. The ligature, which had become detached, was floating in the liquid. No inflammation was perceived either in the uterus, intestines, or peritoneum. To prevent a recurrence of similar results hereafter, M. Velpeau intends to bring together the lips of the incised uterus, by means of ligatures, in front of that employed for strangulating the neck of the tumour; but he seems wholly to have forgotten that the stump of the uterus, in *incomplete inversion*, would almost inevitably revert to its natural position, on being severed from the main body; and unless the sutures are tied before it slips back, there will be no opportunity of carrying this purpose into effect. It may be well to consider, whether the part behind that to be incised should not be previously traversed by a given number of suture threads, one or more of which should be tied before the part is completely severed.

HOSPITAL LA PITIE.—M. LISFRANC.

NEW OPERATION FOR DISARTICULATING THE TRAPEZIUM AND TRAPEZOIDES, WITH THEIR CORRESPONDING METACARPAL BONES AND FINGERS.

LANGENBECK, to whom we are indebted for a dextrous mode of removing the metacarpal bones, was of opinion, that when disease had extended to the carpus, amputation was indispensable. Such indeed is a common notion; we are therefore happy to have an opportunity of recording M. Lisfranc's mode of averting so great an evil, by the disarticulation of the diseased carpus, the material facts of which we condense from the *Gazette des Hôpitaux*.—To make this operation intelligible to such as have not a skeleton before them, it may be well to follow the eminent surgeon in question, in his preliminary exposition of the surgical anatomy of the part.—The articulation of the scaphoides with the two first bones of the second row of the carpus—*trapezium and trapezoides* may be found upon a line drawn from the external border of the carpus to the middle of the fifth metacarpal bone. The external and inferior eminence of the carpus is described as be-

ing represented by a considerable projection on the palmar surface of the trapezium, and the opening into the articulation is situated immediately behind that eminence. The trapezoides articulates with the os magnum. The articulation, which is parallel to the axis of the hand, is a quarter of an inch in length, and situated above the head of the third metacarpal bone, about 1-12th of an inch nearer to its ulnar edge than its articulation with the second metacarpal. These articulations are kept together by dorsal and palmar ligaments, together with the inter-osseous. *Operation.* The first point is to seek the scaphoid trapezian articulation, by passing the fore-finger along the external and anterior edge of the metacarpal bone of the thumb, until it arrives at its enlarged base, or carpal extremity. Behind this eminence is a slight depression, which indicates the trapeze-metacarpal articulation. On carrying the finger onwards for the space of half an inch, a second prominence, that of the scaphoid edge of the trapezium, is felt, behind which of course is the articulation; but as that eminence may in some cases be not marked with sufficient evidence, or may be imperceptible from surrounding disease, we shall have no other guide than the known length of the trapezium, and consequently, the distance between the metacarpal and scaphoid joints and that distance is half an inch. It is needless to describe the incisions minutely. The surgeon who will take the pains to examine the dissected hand, will see that his incision into the scaphoid joint must be in a line from behind the eminence of the trapezium, towards the middle of the metacarpal bone of the little finger, and an inch in length: the dorsal ligaments must be carefully divided. The next stage is the disarticulation of the second metacarpal, or that of the fore-finger from the third. This is effected by a pointed bistoury, with its point upwards, and passed through the palmar side of the interosseous ligament, cutting through the parts close along the second metacarpal, till it arrives at the joint. Having done this, the operator cuts through the dorsal ligaments of the second metacarpal bones, and as a guide, he places his thumb upon the eminence of the articular extremities of the third bone, and cuts down along the edge of his nail, in a line parallel to the axis of the hand. Then carrying the knife about the twelfth of an inch more towards the ulnar edge of the hand, and behind the third or middle metacarpal, he cuts up the ligaments which connect the trapezoides to the os magnum. It is not indispensable that the ligaments should be cut precisely in the centre, for if they are fairly divided at any point between their two attachments, it will suffice. As soon as the articulations are opened by the section of all the metacarpal bones, they are used as a lever to increase the articular orifices, and the remaining attachments are cut up, whatever they may be.

STRUCTURE OF THE RECTUM—INDURATIONS TO THE EXTENT OF TWO INCHES UP THE INTESTINE—CURE.—In this case a blennorrhagic origin being suspected, in consequence of the patient having had gonorrhoea four years previously, mercury was administered internally, and tents gradually increased in size were kept in the rectum, at first for a short time only, and they were eventually exchanged for the elastic rectum bougie. M. Lisfranc is persuaded that these indurations are much more frequently syphilitic than is generally supposed, and suspects that the cancers of the rectum, reported to be cured by Dessault, were syphilitic.—A second case exists in one of the infirmaries of this hospital, who last year laboured under an advanced stage of stricture of the rectum. The intestine was indurated in masses adherent to the subjacent tissues, which were also indurated and perforated by three fistulous ulcers. As the man had formerly been affected with syphilis, he was treated as such in addition to the local means, and there now remains but trifling symptoms of the disease.—A third case referred to occurred as far back as the inclement winter of 1829. The lower part of the rectum was indurated and ulcerated to such an extent, that extirpation was thought advisable, but which, however, was deferred on account of the severe weather. In the mean time, compression and dis-

cutients were employed, by which the man was completely cured. There is a difficulty in distinguishing between these indurations and those of cancer, and the same difficulty exists in the corresponding indurations of the womb.

ULCERATION OF THE POSTERIOR OF THE OS TINCE—METROPERITONITIS OCCASIONED BY THE APPLICATION OF PROTO-NITRATE OF MERCURY.—This is the first instance of a similar result in the practice of M. Lisfranc. On the evening of the application, violent pains took place in the hypogastric region, with distension of the abdomen. The skin was hot, and the pulse inflammatory; in fact, the symptoms indicated insipient *metro-peritonitis*. A large bleeding was employed, with emollient injections in the vagina; laudanised enemata and *baume tranquille* to the abdomen, by which the inflammation was subdued. The *baume tranquille* of the codex is a decoction of narcotic and other herbs, such as stramonium and belladonna in oil.

SEVERE METRO-PERITONITES CURED BY TWO POUNDS OF MERCURIAL OINTMENT PLASTERED UPON THE ABDOMEN IN FORTY-EIGHT HOURS.—The point to be noted is the therapeutic fact. The woman had for several months worn a pessary for a prolapsus uteri, which remained after the cure of an induration and ulceration of its neck. At length the pessary having occasioned intolerable uneasiness, it was laid aside, and the vagina was injected with emollient fluids. The pains nevertheless acquired great intensity, the belly was hard and distended, and so exquisitely sensible, as not to bear the weight of the bed-clothes. The respiration was difficult. The patient was harassed with frequent vomitings, and the pulse, the heat, and the redness of the skin, indicated intense fever. The same antiphlogistic treatment was employed as in the preceding case, but without effect. Saline draughts and eighty leeches were superadded, but the symptoms increased until the *mercurial ointment* was employed, according to the method of M. Serre d'Uzes—a killogramme (two pounds) smeared over the abdomen a sixth of an inch in thickness, and the layers increased every hour, without removing the former ones. In a few hours the symptoms began to abate, and the patient was convalescent when the report was made. No salivation was induced.

FISTULA LACHRYMALIS—RELAPSE FROM OBSTRUCTION OF THE CANULA, EMPLOYED IN A FORMER OPERATION.—In consequence of the impediment to the flow of tears from the plugging up of the canula, an abscess formed in the corner of the eye, which having opened, left a fistulous ulcer. Was it desirable to extract the canula? M. Lisfranc decided in the negative. Attempts of this kind have sometimes failed, and the patient has suffered great pain and inconvenience from the violence offered to the inflamed part. Emollient applications were made to the inflamed sac, and two days afterwards the ulcer was touched with nitrate of silver, and a probe passed through the canula, made it again pervious.—A second case was referred to by M. Lisfranc, to show the inexpediency of removing the canula in similar circumstances. The inflammation in the angle of the eye was so intense, that although at that period it was thought desirable to extract the tube, yet the preliminary abatement of the inflammation was thought indispensable.—Leeches, poultices, fomentations, and fumigations in the nostril were prescribed with complete benefit, for not only the inflammation ceased, but the tears resumed their course through the canula, which therefore needed not to be removed.—*Gaz. des Hopitaux.*

WHITE SWELLING OF THE WRIST SUCCESSFULLY TREATED BY MURIATE OF BARYTES.—This case had been condemned to be amputated in another hospital. The muriate of barytes was used according to the formula of Pirondi. The articular swelling is entirely cured. Some curious bones were discharged, and two small fistulous openings still remain, but are closing fast.

FALSE ANKYLOSIS TREATED BY MACHINERY, PRODUCING GRADUAL EXTENSION—TWO CASES.—By false ankylosis is to be understood, that species which depends on causes external to the articulation. M. Lisfranc speaks in

terms of proper severity concerning the violent proceeding so fatally attempted to be introduced by M. Louvrier, which we have also reprobated in our number of the 9th inst. One of the patients came into the hospital for an abscess of the iliac fossa, extending beneath the Fallopian ligament, to the upper and anterior part of the thigh. That abscess being largely opened, was healed without difficulty, and the success was ascribed to *numerous leeches applied over the abscess as soon as it was opened*; but the coxo-femoral joint was ankylosed, as was the tibio-femoral. The disease of both is nearly removed by the slow but permanent extension of the machine.—A second case was that of a *knee-joint ankylosed from white swelling*, which had been cured. The ankylosis is nearly dissipated by the same treatment: notwithstanding the action of the machine is slow and moderate, yet the sub-inflammatory symptoms of the joint returned under its use, and required its 'suspension for the removal of inflammation, which was effected. The machine was re-applied.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

APOTHECARY TO NAAS GAOL.—At a meeting for appointing an apothecary to the above Prison, in room of Mr. John Currin, deceased, Mr. Robert Hayes, of William-street, Dublin, was duly elected. Immediately afterwards, a meeting of the Committee of the Naas Fever Hospital and Dispensary was held for the same purpose, when, after a deal of discussion, Mr. M'Carthy was declared elected.

OMAGH FEVER HOSPITAL.—John Hamilton, M.D., and Surgeon to the Dispensary, has been elected Medical Superintendent of this Hospital, which situation became vacant by the lamented and melancholy death of the late Dr. M'Conkey.

NAVY.—Surgeon Dr. S. Sinclair appointed to the Rodney; Assistant-Surgeons W. P. Rogers to the Southampton; A. J. Pilmore, and F. T. Aitind, to the Rodney.

ARMY.—70th foot, Assistant-Surgeon John Maharg to be surgeon, vice Kemlo, deceased; Assistant-Surgeon James Walker Chambers, M.D., from the Staff, to be Assistant-Surgeon, vice Maharg.—**HOSPITAL STAFF.**—Robert Carew Anderson, M.D., to be Assistant-Surgeon, vice Chambers, appointed to 70th foot.

Dr. H. Barham Harris has been elected one of the physicians to the Dumfries and Maxwell Town Dispensary.

MEDICAL OBITUARY.

At his residence, Wath-upon-Dearne, aged 71, William Kaye, Esq., M.D.—At Ennistimon, of relapse fever, Patrick Murray, Esq., M.D., deservedly regretted by all who knew him.—At Ballymoney, Alexander Moore, Esq., M.D. "In him were combined a good friend, a kind father, and an affectionate husband. His death is greatly lamented by all who knew him, not only for the estimation in which his friendly intercourse was held in society, but for the high attainments which he had in his profession."—In Dry Bridge-street, Omagh, after a protracted illness, Michael Harkin, Esq., M.D., deeply regretted by every individual who had the privilege of his acquaintance.—At Stokesley, in the 48th year of his age, James Allardice, Esq., surgeon, much and deservedly lamented.—At Handsworth, Mr. Samuel Partridge, for many years an eminent surgeon of Birmingham.—At Dominica, William Kemlo, M.D., Surgeon, 70th regiment.—At Stoke, John Morgan, Esq., Surgeon, R.N., in the 68th year of his age, after a long and painful illness, regretted and deservedly respected by all who had the pleasure of his acquaintance.—At Brighton, Dr. Robert Finlayson, Surgeon, R.N.—At Balneer, East Indies, in the 31st year of his age, Samuel Price Prichard, Esq., of the Hon. E. I. Company's medical establishment. "He was a great favourite of all ranks and of all classes."—On the 8th ult., at Beziers, in the South of France, after a few days' illness, on his way to England, Sir Hugh Alexander Kennedy, M.D., of London, deeply, sincerely, and deservedly lamented by his afflicted family and friends. During almost the whole of the Peninsular War, he was Commissary-General to the Forces commanded by the Duke of Wellington.—Near Chudleigh, aged 28, Thomas M'Carthene.

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AN EVENING AT GUY'S HOSPITAL.

ONE rainy night last winter, for want of better employment, we paid a visit to this hospital, for the purpose of attending a meeting of the Physical Society. We arrived a few minutes before eight, and while examining some certificates which hung in the lobby between the library and medical theatre, we were saluted with "How are you, my dear sir?" We turned and instantly recognised an old Dublin acquaintance. "I hear I have to congratulate you on the manner in which you obtained your degree," said he. We thanked the gentleman, and hoped he had also passed his examinations. "Why, I passed the College, and was complimented, but they rejected me at the Hall. An old — turned crusty because I did not pronounce the g in hydrargyrum hard. Then he showed me a prescription with dill water in it. I did not know how much herb was used to a gallon of water, and I didn't remember into which of the powders the tormentilla entered. I got confused, and was rejected before I had a single question on anatomy, physiology, practice of physic, or midwifery." "What are you doing now, then?" "Oh, I'm assistant with a gentleman at Hackney till the six months have expired." "But I hope you don't mean to practise the draught system. All young men should endeavour to introduce the plan of getting paid for time and talent." "Why, what can I do? People won't pay for visits. A friend a few days ago went out and left me in charge of his practice. I was obliged to do as he did, and I find people will rather pay nine shillings for six draughts than half-a-crown for a visit: so, if they don't want anything, the plan is to send soda and acid draughts, one coloured with syrupus rhæados, directed 'One of these draughts to be taken with one of the red draughts every two, three, or four hours,' according to the distance at which the patients live, and the length of your journey. They like something for their money."—"Here's Mr. Cooper," said a gentleman behind us. "Will there be any operations on Tuesday, sir?" said another, addressing the surgeon. "I don't know." "Would you mind cutting that boy for stone on account of his age, sir?" "Would I mind it? The very best age you could select: I've cut them younger. Sir Astley did one only a year old: he once did so in his consulting-room at his own house. A woman brought him a child with symptoms of stone: he sounded and found a stone lodged in the membranous portion of the urethra. He thought it would be a capital opportunity to get at it, so he just made a cut into the stone, but unfortunately it slipped into the bladder at the moment. I was up stairs, so he called me down, and said, 'Bransby, I've got a child here with a stone in the bladder, and I've opened the urethra;

it's a pity to let it go without getting the stone out.' So he called his man Charles, who held the boy on his lap; he made a cut into the bladder and withdrew the stone in a minute. It was round, with a little beak which had projected into the urethra. The woman took the child home in a hackney-coach, and it did as well as possible. I don't suppose such a thing was ever done before in the whole history of surgery."—It was now time for the meeting to commence.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 23rd May, 1840:—

Epidemic, endemic, and contagious diseases	126
Diseases of the brain, nerves, and senses	137
Diseases of the lungs, and other organs of respiration	220
Diseases of the heart and blood-vessels	21
Diseases of the stomach, liver, and other organs of digestion	62
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c. .	5
Diseases of the joints, bones, and muscles	12
Diseases of the skin, &c.	1
Diseases of uncertain seat	102
Old age, or natural decay	49
Violent deaths	17
Causes not specified	0

Deaths from all causes..... 756

GRAVE-YARDS IN CITIES.—Burial places in the neighbourhood of the living are, in my opinion, a national evil—the harbingers, if not the originators, of pestilence; the cause, direct or indirect, of inhumanity, immorality, and irreligion. Throughout all ages rulers have, unfortunately, manifested but little regard to the interests, or the amelioration of the condition of the poor, and have resisted every attempt at amendment, until by some dreadful calamity they have been driven to measures of improvement. The atrocities of Burke and Hare exposed the nefarious practices then carried on to supply the profession with anatomical subjects; these were with difficulty obtained, and large sums of money were demanded, and necessarily paid for them, which operated, not only as obstacles to the improvement of science, but also as premiums for murder; and it was only the recklessness of perpetration that called forth the interference of the Legislature, and the adoption and enforcement of an efficient remedy. Air to support animal life ought to possess all its activity. Vapours from wine in a state of fermentation, from bodies in a state of putrefaction, &c., deprive the air of its respirable property.—*Walker's Gatherings from Grave-yards.*

The property of the late Dr. Unthank, of Limerick, is likely to be contested with his nephew by some of the Society of Friends. There are two wills in existence.

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CHILBLAIN—ONYCHIA AND PARONYCHIA—
NÆVI.

THAT peculiar inflammation of the skin, gentlemen, which is called in English *chilblain*, arises, as the name implies, from the action of cold upon the surface of the body, the affected part being *chilled*, or having the temperature reduced: the Latin name is *pernio*. As this is the result of the action of cold, it takes place in those parts of the body in which the circulation is the most feeble, that is to say, in those most remote from the heart—the fingers and toes, the heel, the extremities of the ear, and even of the nose. It also happens most frequently in young subjects, in whom the organization has not yet attained its full vigour, or power of resistance, to external influences. When I say that this arises from the application of cold, you must understand that it is not immediately produced by cold; it is necessary that the temperature of the part should be reduced by the application of cold, and that it should be subsequently heated; that there should be an alternation of heat and cold: it is in these circumstances that the origin of chilblain is to be found. Indeed, in general we observe that chilblains do not happen during the period of most intense frost; they are more frequent and more troublesome when the temperature of the atmosphere begins to be rendered milder by the subsequent thaw. It was observed by Larrey, in the winter campaign of the French in Russia and Poland, that for a few days before, and for a few days after the battle of Wagram, the thermometer was very low, from ten to fifteen degrees below zero—an intense cold; and yet during that time there was no mortification, nor did any other particular suffering about the hands or feet occur. But about two days after the battle a thaw took place, the thermometer rose from eighteen to twenty degrees, and then a great number of cases of mortification of the feet occurred in the army in some particular divisions that were very much exposed, and nearly all the soldiers suffered more or less.—These circumstances lead us to the modes by which the occurrence of chilblain may be obviated. In the first place, the extreme parts of the body in which there is a liability to have them chilled, should be warmly clothed. In the next place, when any part, such as the hand or foot, has been chilled, it should not be immediately exposed to that high temperature which the feeling of cold inclines persons to wish for at the moment; the hands or feet, for instance, should not be plunged in warm water, nor brought near the fire; on the contrary, means should be taken to restore the circulation gradually. The principal means of prevention consists in preserving the part from vicissitudes of heat and cold.—The affection which we call chilblain exists in various states—there are, in fact, different degrees of it. In the first, or milder form, we have simple inflammation of the skin—what nosologists call *erythema*, that is, mere redness and vascular congestion, without heat in the part;—there is, to be sure, connected with this some degree of effusion into the subjacent texture: thus the part is not only red but rather swelled. When the affection is very active, we find this is usually so considerable that the motions of the part are impeded. In the fingers, for instance, the whole of them may be so much swelled that the individual can hardly use them in writing, or in his ordinary occupations. There is a great sense of heat, a most troublesome itching and tingling, in conjunction with the redness and swelling;—these are the early symptoms of chilblain. Now the heat and itching are not constant during the twenty-four hours; there is generally a particular

period, as towards the evening, when the parts become warm, and then the heat and the itching are more particularly troublesome.—In the more active state of chilblains, relief of the heat and itching will be produced by cold applications of various kinds, but as people are possessed with the idea that chilblains are produced by cold, they do not like to use them; and common experience has established the fact, that applications of a stimulating kind are advantageous, and a great variety of these are popularly employed. Camphorated spirits, soap liniment, oil of turpentine, strong solutions of salt, and a variety of other stimulating things of that kind, are employed to rub the inflamed part, and with considerable benefit. The most effective application of this kind that I am acquainted with is one recommended by Mr. Wardrop, in the fifth volume of the 'Medico-Chirurgical Transactions.' It consists of six parts of soap liniment and one part of tinc. Cantharidis, with which the parts are to be rubbed two or three times in the twenty-four hours, and this generally removes the troublesome sensation of heat and itching.—In this condition of the chilblain we do not always find the part of a vivid red, but frequently find that the skin is very livid, of a dull leaden appearance, exhibiting in the colour a proof that the capillary circulation is very imperfect. After the inflammation has existed for some time, vesication will occur, and the skin will ulcerate, and this is the state which, in popular language, is called "broken chilblain." The cuticle becomes elevated into a livid or brownish vesicle, that is, there is a thin serous fluid, of a livid or brownish colour under it, and when this breaks the skin is observed to be of a dark or livid hue; it soon ulcerates, and the ulcer that is thus formed is of an unhealthy, unfavourable appearance, and particularly slow in healing. It has a greyish or brownish ulcerated surface, sometimes with bloody points interspersed, and with livid edges and surface, in which we see merely the existence of ulcerative absorption, without any attempt at repair. A soft poultice is the best application in the first instance to an ulcerated chilblain; and subsequently, in order to promote the restorative action, which is very deficient, you must employ local stimuli, and the two best are red precipitate, in the form of ointment, and nitrate of silver, in the state of solution.—There is a third and more serious effect of this kind, in which a part of the skin actually loses its vitality, and is converted into a slough. When a considerable part of the body is exposed to considerable cold you have this effect—this sloughing extending to the whole of a member. The treatment here falls under the general principles that I mentioned to you in speaking of mortification.

ONYCHIA AND PARONYCHIA.

Inflammation occurs sometimes (generally in consequence of injury to the integuments) at the extremity of the fingers or toes, and in their dorsal aspect at origin to the nail, and this has been technically called *onychia*. Onyx is the Greek word for nail, and onychia is inflammation of the part which forms and secretes the nail. This affection is attended with the formation of matter under the fold of the cuticle, which is reflected from the semilunar termination of the skin, and passes over the nail. Now this detachment of the skin from the root of the nail destroys it, and renders the formation of a fresh one necessary. The formation of matter sometimes extends under the nail, generally so that it becomes detached, and is no longer held in its situation except by its connexion with the cuticle at its circumference. In this state you easily detach it without giving pain to the patient, and this allows the new nail to form.—Matter may form in various parts about the nail, not immediately in the situation that I have mentioned to you, and these formations of matter are sometimes called *paronychia*:—*para* means near; *paronychia* means a formation of matter near the nail: it has also been called *panaris*, and by some writers, *panaritium* in Latin; and which, in English, is termed *whitlow*. In fact, there is no essential distinction between the several names of panaris onychia, paronychia, panaritium, and whitlow; they merely designate inflammation about the nail, or its neighbourhood.—When the integuments by the side of

the nail become inflamed, either in consequence of being wounded, or from any other cause, and the cuticle is separated, which it soon becomes, it often happens that considerable pain and local inflammation are produced by the pressure of the hard edge of the nail against the denuded part of the skin. Under such circumstances it is not uncommon for a fungus to arise in that part of the skin that is the constant subject of this mechanical irritation; and in the various offices for which the fingers and toes are used, the part becomes pressed upon, so as to occasion a constant recurrence of pain. Thus great inconvenience is experienced from an apparently trifling cause; and under such circumstances it is expedient to introduce carefully, with the end of a probe, a fine thin piece of lint, which we commonly call the flue of lint, between the edge of the nail and the inflamed part of the skin on which it presses, so as to prevent the mechanical irritation, and in that way you generally remedy the inconvenience. In the great toes of the feet a similar, but much more aggravated state of things, frequently arises in consequence of the pressure of tight shoes. The soft parts, which are seated at the side of the nail, particularly on the inner side of the great toe, are pressed against it by a tight boot or shoe. They become irritated, inflamed, and thickened; and from some slight external injury a higher degree of inflammation is produced; matter forms; the skin becomes deprived of the cuticle, and then the same production of fungus that I have already mentioned arises; and this goes to such an extent that a considerable part of the nail towards the outer edge, and sometimes towards the inner edge also, is completely imbedded in it. This is what is called, in common language, the nail growing into the flesh, and what the French call *l'incarnation d'ongle*, which is a very similar expression.—Now a notion has been frequently entertained, that the state which I have just alluded to, arises from some malformation or wrong direction of the nail; and thus the first curative efforts have generally been directed towards relieving or getting rid of the nail, or giving it what is considered a more proper direction. As these efforts proceed entirely on a wrong view of the cause, we cannot wonder that they fail to afford relief. The truth is, the nail is not at fault in these cases; the evil arises from pressure of the soft parts against the nail, and it is simply a state of things produced by mechanical irritation, from the constant pressure of the hard nail against the inflamed skin. A great point therefore, of course, whatever else you do, is to keep off the source of mischief—not to wear any covering that is tight, or produces pressure. In many instances, particularly those not of the worst kind, you can put a stop to the affection by simply attending to what I have mentioned, namely, introducing under the edge of the nail carefully, from day to day, or every two or three days, a portion of the soft part of lint. When you do this, you will understand that your object is to introduce simply a soft substance between the nail and the skin; and therefore you are not to use a considerable quantity of lint, and push it in forcibly, because that is likely to add to the mischief, but merely to put a bit of the softest part of lint gently under the edge of the nail, so as to prevent the source of irritation. Then, if you take care that the shoe is loose and easy, you generally find that this simple mode will remedy the inconvenience. There are instances, however, where the evil is too considerable to be got rid of in this way, and where it is found necessary to take away a portion of the nail; after which you can remedy the state of irritation and the fungus of the skin; the nail which is reproduced will now take a proper direction; and the cause being removed, if you take care that the person does not wear tight shoes, the evil will not recur. Dupuytren recommended removing the part of the nail which presses upon the skin by means of a pair of seissors. The mode is this—to have a pair of pretty strong seissors, one part of which should be quite sharp; you put the sharp point under the edge of the nail, and then, by a quick motion, you carry it along the nail—that is, you thrust the sharp point under the nail where you wish to cut it through;

and having cut it, you take a pair of strong forceps, and tear off that part of the nail. This seems rather a rough mode of proceeding; however I have done it, and it is not found to be very painful—the pain is merely momentary. When you have thus got rid of the mechanical source of inconvenience, you probably find that the fungus and the thickened state of the skin will subside of themselves; if not, you may rub it gently with lunar caustic, and in proportion as the nail springs up again, you must pay some attention to see that it takes a proper direction. Now I am told there is another mode of taking away a portion of the nail that is equally effectual, but is not done in the same coarse and painful manner. Mr. Wardrop has informed me, that a surgeon who resides at the West End of the town, and who practises particularly on diseases of the nails, has observed that the nail rests in a bed of dense cuticle, and that therefore you can cut through the nail without actually cutting the *quick* so as to draw blood. The object is to make a perpendicular cut with a sharp instrument, something like a sharp penknife, through the nail; and then, he says, you can lift it out very easily from the bed of cuticle without giving pain, while you afford immediate relief. Of course, if you can do this, it is a more eligible mode of accomplishing the purpose. The mode by which people attempt to ease themselves, is by cutting away a piece of the edge of the nail; and certain methods have been proposed surgically for introducing a plate of metal under the edge of the nail, and by that means prevent it from pressing upon the skin. This notion is not at all founded upon a just view of the nature of the affection; and, I believe, is more calculated to add to the suffering of the patient, and to increase than to remedy it. Then, when the evil is remedied for the time, you prevent its recurrence by attending to the following circumstance:—the nails of the fingers are generally cut so as to form a semi-circular edge; but where the nail of the great-toe is affected in the way I have mentioned, it should be cut square—you should not cut away the angles. Thus the evil of allowing the nail to grow into the part is got rid of.

NÆVI MATERNI.

Under the name of *nævi materni* are included various original deformities or peculiarities of the structure of some portion of the skin. The name *nævi materni*, which means simply mother's spots, is founded on the generally received notion that those peculiarities in the skin arise from some influence of the mind of the mother on the offspring. It has been supposed, for instance, that if a pregnant woman is terribly frightened by any strange sight, that the skin of the child will probably bear some mark on the body more or less allied to the object that has produced this terror. Or, again, if a pregnant woman should take a strong desire, or, as they sometimes call it, a longing for anything, especially if the longing cannot be gratified, there is an idea that this object will be marked upon the child. Thus, if we may believe mothers and nurses, the objects that I am now going to speak of are only so many representations of things, whether of food or anything else, that the mother has been longing for; whether it be beef or pork, raspberries or grapes, or the Lord knows what. This idea seems to be very prevalent; the same appearances are called in French *envies*, which means mother's longings;—the name they bear in German is the same—*mutter-mahl*, mother's spots.—We sometimes find an elevation of the skin, an irregular figure, of a rough granular surface, generally reddish, or brownish, or yellow, but varying in point of colour, and not uncommonly having on it particularly long hair. These have been called in common language, *moles*; and they generally remain throughout life of their original size; they do not increase. It might happen that a mark of this kind was so situated as to produce a deformity; and if it is necessary you can remove it, the operation of extirpation being a very simple one. There are some instances of these elevations of the skin growing after birth, and attaining a large size, of which this specimen is an example. [Mr. Lawrence here presented a preparation,

observing, "this was cut from the lower part of the back of a lady, then an adult. It had been a 'mark' originally, and I do not know that I can give it any other name than that of a huge mole. It measures about one foot in length, and is about one in breadth. It had a bright red appearance during life. It was removed by Mr. Abernethy, and I assisted him in the operation, many years ago. It did not go deeper than the skin—this is the adipose substance under it."]

Sometimes a part of the skin is brownish, or reddish, and thickly covered with hairs, like the coat of an animal. Some years ago, I remember there was a boy in the foul wards. I had him stripped to examine some syphilitic eruption. There was a part on the chest, about two inches one way and one inch the other, of light brown hair, like the coat of an animal. I looked at it, and said, "What is that on the chest?"—"Oh, sir," said he "it is a mouse." I said, "it is not a mouse—it has no tail."—"Ah," said he again, "it had a tail, but somebody cut it off." I saw a curious looking child, a little time ago; a gentleman sent for me to see it as a curiosity. I think that a great part of the body was covered with hair. Over the lower extremities there was a great number of spots; one on the arm, and others on the trunk of the body. The skin covering the child, in other respects, was of the natural texture, and, indeed, these parts were not unhealthy. —In the greater number of these *nævi*, however, there is an unnatural state, particularly of the vessels of the skin. This peculiarity seems to consist more or less in the vascular tissue of the part. Sometimes you have a few vessels enlarged and ramifying superficially in the skin—sometimes giving not an inelegant kind of appearance. This has been called *spider nævus*—the ramifications bearing some analogy to the legs of a spider. Not uncommonly, you see parts of the skin discoloured—red, brown, or livid; sometimes of a deep tint, sometimes lighter, and this extending irregularly over a considerable part of the skin—very frequently on the face. These are commonly called *claret marks*, the colour being something like the stain produced by claret. You often see large vessels ramifying quite on the surface of the skin, and in some instances of that kind I have known individuals liable to occasional bursting of these vessels, and to very copious hæmorrhage from them. But these marks I am now speaking of, generally are of a *stationary* kind; they do not increase; they remain in the same state through life. The *nævi* which are most commonly the subjects of surgical treatment, consist of peculiar vascular growths seated either in the skin itself, or in the adipose tissue immediately under it. The *cutaneous nævi*, or those seated in the skin, consist of a soft bright scarlet elevation, the surface of which is finely granulated. They appear to occupy a certain portion of the texture of the skin, as if a part of it were stained with this bright scarlet colour. It is really rather an elegant sort of texture which occupies the place of the natural structure of the skin; it is generally of a more or less circular figure, not rising high above the natural elevation of the skin. The subcutaneous *nævi* consist of soft swellings seated under the skin, imbedded in the adipose tissue, the skin itself being completely sound over them. Towards the centre of the *nævus*, you have more or less of a blue or livid appearance. It seems as if some of the vessels were running out of the *nævus* to approach nearer the surface of the skin in the centre, so that you have a blue, or livid, or black discolouration in the centre, and a tumour extending in circumference under and much beyond the sound skin, in the cellular membrane beneath. This is quite a soft tumour. Not unfrequently, you have a portion of cutaneous *nævus* in the centre, and part of a *subcutaneous* tumour extending under it; so that, when we speak of cutaneous and subcutaneous *nævi*, you are not to suppose that they are so essentially different in their nature that they cannot be combined together. You have in these *nævi* one part which is a bright scarlet soft state of the skin, and another which forms a tumour under it. Both these kinds of swellings are soft and compressible; in fact, if you press upon them, you find that you diminish their bulk

—that you squeeze something out of them; and when you remove the pressure, they slowly recover their former size. Sometimes they are rather firmer than the rest of the skin, and there is a sensible increase of heat in them.—These *nævi*, like the others that I have mentioned to you, may remain stationary—that is, you see them of a certain size at the birth of a child, or they acquire a certain size soon after, and then do not grow further. More commonly, however, they are small at the time of birth, and begin to increase, and often grow very rapidly for some time. With respect to those that are permanent, they do not always remain in the same condition. There are certain changes, according to the state of the system, and the particular circumstances affecting the individual, so that growths of this kind will sometimes be more full and tense, the vessels being apparently more filled; at another time they are paler and more flaccid. There are the cutaneous *nævi*, which are sometimes compared to strawberries, raspberries, and so forth; and really the simile is not altogether inapt. I have many times been seriously told, and that by well-informed persons, that a certain mark on their daughter's back, which they call a raspberry, increases at the time that fruit comes in, and gets larger and generally redder by the time raspberries are ripe. It then withers, shrinks, and disappears every year. It is these changes in the state of the *nævus* which have given rise to, and may support this notion.—I mention to you that these *nævi* are usually small at the time of birth, and often, perhaps, so trifling as to be overlooked till some time after. Then they begin to increase in size, and grow rapidly. Thus you may see them of the size of a pin's head, or of a whole hand; indeed there is hardly any limit to their growth. They are most common on the head; frequently they are found on the scalp, and upon all parts of the face; and sometimes they seem to occupy nearly the whole of a part—such as the ear, the eyelid, or the lip. I remember seeing the case of a young woman, at this hospital, where half of the lip and the corresponding part of the side of the face seemed to be entirely filled with this unnatural growth. It was covered by the skin externally, and by the mucous membrane of the internally. These *nævi* are sometimes seated about the neck, often extending deeply;—they are more rarely seated upon the extremities of the body; sometimes they are found upon the trunk.—Those that grow consist essentially of large vessels near the surface, and it will happen frequently that these vessels will give way. They are liable to be ruptured by accident, and thus profuse hæmorrhage will take place, or sometimes, after attaining a certain size, a state of ulceration and inflammation comes on, and this ulceration, if it become extensive, will frequently destroy a considerable part of the morbid growth, and lead to a kind of partial natural cure of the affection. I have mentioned to you that pressure will diminish the size of the *nævi*, and that they recover their former magnitude when the pressure is removed. This effect is produced by squeezing the blood out of them; for what they contain, which is thus removed by pressure, is blood—and moreover it is arterial blood. In the cutaneous *nævus*, which is quite on the surface of the body, and where the vessels are covered only by a thin kind of cuticular integument, you have a bright scarlet tint, showing that it is arterial blood. If the blood be in a deeper seated tumour, with a great thickness of integument over it, the colour is blue or livid, so that you might suppose that it was produced by venous blood; but you find, if you come to cut into such *nævi* in operations, that it is arterial blood which flows from them. I may mention to you, which is a further evidence of what they contain, that if an incision be made in operating—if you cut into any part of one of these growths, arterial blood flows out in a quantity, and with a degree of violence that you can hardly imagine, and which you would scarcely believe possible unless you saw it. A copious stream of the most florid arterial blood comes out, and you cannot restrain it unless you press firmly on the whole of the surface that is injured by the incision.—When you come to make a section of a tumour of this kind after removing it, it exhibits

a cellular appearance, and the general notion has been that it is made of cells, with large vessels ramifying through, and depositing blood in these cells. Now I believe this notion of the cellular structure of these *nævi* is not a correct one. So far as I have observed when a section is made, the apertures that are seen are the mouths of blood-vessels; they are all regularly circular, with a smooth lining, like that of the blood-vessels. They appear to me, therefore, to consist essentially of an aggregation of vessels ramifying and combining together into a kind of tumour. Whether they be arteries or veins I do not undertake to determine, but I can only say that during life they appear to contain arterial blood, and when you cut into them, florid blood flows in the greatest profusion. Hence the name that is sometimes popularly given is by no means a bad one—*bloody tumours*, and they are described by Boyer under the title *tumeurs variqueuses*, which is the same as our popular term, and both of which designate that they depend materially on blood-vessels. Dupuytren has turned his attention to the structure of these *nævi*, and his idea was, that they consist of the same kind of texture which is found naturally in certain parts of the body. Thus there are certain parts in which you find that the structures are usually flaccid, but which admit of distention by an increased influx of blood; they admit of the state which has been called *erection*, and the structure has been called by the French *tissue erectile*, erectile tissue, like that of the penis, the clitoris, the nipple of the female, and some other parts. Dupuytren considered that these *nævi* are unnatural productions of erectile tissue in the parts in which they are found. Hence he has called them *tumeurs erectiles*. There are some points of analogy between these *nævi* and the erectile tissue, but I must observe that we do not know quite enough of either of these two tissues thus compared to be prepared to assert or to deny their identity. I would observe, however, that this kind of structure not only exists as a congenital production, but may take place as an accidental formation after birth in various parts of the body. Under such circumstances, the tumour, although perhaps not precisely corresponding to the description that I have given to you, has in many cases another character, which is very important—that of pulsation,—having a pulsation synchronously with that of the arteries. This is a circumstance which I have not observed in *nævi materni*, that is, in the congenital kind, and certainly does not exist in the greater number of them, though it has been sometimes observed. Dupuytren has alluded to it; he speaks of these tumours generally as having some pulsation. This is the affection which John Bell calls aneurism by anastomosis, and others have done the same after him. Hence it has been supposed that the congenital marks or *nævi* are of this nature; but as I mentioned to you, they do not possess that particular feature upon which Mr. Bell founded his opinion, namely, pulsation, nor can these same growths be correctly denominated aneurism, for there is no kind of analogy between vessels inosculating with each other as these do and that affection of the arterial trunks which we call aneurism.

The same principles of TREATMENT are applicable to this affection whether it exists congenitally, as *nævus maternus*, or whether it is an accidental production taking place subsequent to birth.—If *nævi materni* be stationary—if they do not increase in size, there can be no reason for interfering or meddling with them, unless they be so seated as to be a source of deformity; and as they are frequently found on the face, it may become desirable to remove them on this account, independently of the various mischief to which their increase might lead. A variety of methods have been proposed for dealing with these *nævi*, when it is wished to reduce their size or to take them away altogether. Mr. Abernethy has given some observations on this subject. He observed the circumstance of their being occasionally of a higher temperature than the rest of the surface of the body, and therefore thought that if cold applications were used, so as to reduce the temperature, and then the part was subjected to pressure,

they might be removed in that way. He mentions a case where an extensive nævus on the forearm of a child was thus reduced. It must be observed, however, that we generally have to treat those that are seated on the face and head where pressure cannot be well applied; and besides, pressure is sometimes found to irritate them, and make them grow faster rather than to diminish them. Excision is an obvious and at all events an effectual mode of getting rid of these affections. In cutting them out, you must observe the rule of taking away the whole of the unnatural growth; you must cut into the sound parts all round; you must not proceed economically, nor be inclined to save either skin or any other part in which any portion of this production may exist, because if you leave anything behind, you have the growth reproduced, and if you cut into it in operating, you will have such profuse hæmorrhage, that unless you saw it you would not think it possible. You must cut freely in the circumference in the sound parts, so as to take away all the morbid growth; for although you have a good deal of hæmorrhage even in this way, yet you will not have that furious bleeding which results if you cut into the tumour. Very commonly in extirpating them, you have a degree of hæmorrhage which makes you think for the moment that the child (if the operation be performed on an infant) will die from the loss of so much blood. I may mention that the operation of excision on this account is in some measure limited to nævi of a moderate size, for when the operation is performed on those of large size, there is really danger of immediate death under the knife, from hæmorrhage. Mr. Wardrop took away a large nævus from the back of an infant; he took it away as quickly as he could, but it was one of considerable size, and there was a most profuse bleeding from the whole of the divided surface, and in about one or two minutes the child was defunct. On coming to examine this nævus, which he had so removed, one of the vessels that was opened was found to be of calibre enough to admit the largest writing quill. When you consider that the whole surface, perhaps, is covered with these vessels, and see how freely they emit their blood, you cannot wonder at such an occurrence.—In order to avoid the danger of hæmorrhage from the use of the knife, it has been proposed to tie these tumours,—to surround the base with a ligature, and draw it very tight, so as to produce mortification of the included part. In general the bases of these tumours are too large, and they are too little prominent to admit of surrounding them by a single ligature, but you pass under the base a strong needle with a double ligature, and when you cut off the needle you have two ligatures, which are to be tied one each way, so as to surround the base by two ligatures, each of which incloses one half. This is an effectual mode of preventing the danger of hæmorrhage. You might suppose that when the ligature surrounds a nævus of considerable size, and includes a large mass of integument, that this mode of proceeding might be liable to much inconvenience. I have operated, however, in a considerable number of cases, where the nævus was of considerable size, and I have in no instance seen inconvenience arising from the employment of the ligature. I have used it in cases where the nævus was so large that I dared not to extirpate it with the knife, and the operation has been successful, so that the proceeding seems to be a very safe one.—It has been proposed in nævus, as in aneurism by anastomosis, to prevent the growth of the tumour, and to produce its reduction, by tying the arterial trunks that feed it. Now in general we find that the vessels seem to come into them from all quarters, so that it is very difficult to do this. However, this has been more particularly attempted where the nævi have been seated upon the head, and where the carotid artery could be tied. Mr. Wardrop performed the operation of tying the carotid artery in a child for a large nævus on the head. This seemed to produce a considerable reduction in the size of the tumour; the child, however, was enfeebled and in a reduced state in consequence of partial ulceration and loss of blood from the nævus, and died more from that than from any other cause; so that in this case the effect of tying the artery could not be well esti-

ated. In consequence of this case of Mr. Wardrop, tying the carotid artery was tried by Dupuytren in a large nævus situated about the ear, and including the whole texture of the surrounding parts. By pressure on the carotid artery it was found that the size of the nævus was reduced, and that it became flaccid. Hence the natural inference was, that if the artery were tied, the nævus would be reduced in size. Dupuytren tied the common carotid artery, and for a few days the effect of the operation seemed to correspond with the wishes of the operator; the tumour became flaccid, but it soon swelled in size again, and after a little time it grew as fast as ever, so that in fact, according to the experience that we have at present, the plan of tying the arteries that go to these nævi, or the main trunks of the vessels which supply the part of the body in which they are situated, cannot be much relied on.—I remember a case of aneurism by anastomosis, seated on the finger of a young girl, on whom Mr. Hodgson operated. This was not a nævus—this was a production of the vascular kind, that came subsequently to birth, and formed a considerable swelling, occupying a great part of the finger, with a strong pulsation in it, and a degree of heat, not only in the finger, but in the whole hand. Mr. Hodgson tied the radial and ulnar arteries in that case, having first pressed upon them to see the effect, and having been satisfied that doing this materially reduced the tumour and stopped the pulsation. This operation was attended at the time with an interruption of the pulsation, and a reduction of the swelling; but the effect was only temporary, and, in fact, this girl suffered so much, that she wished me to do any other kind of operation that I could think of for her. I accordingly subsequently cut round the base of the tumour upon the finger—that is, I cut round the tumour between its basis and the hand, so as to divide the whole of the soft parts except the flexor and extensor tendons—and in doing this there was a pretty considerable hæmorrhage; for of course there was a necessity that all the enlarged vessels should be divided. This had the effect, I will not say of removing the tumour, but certainly of arresting its growth. I may mention that a question was entertained, if the skin were cut circularly round, and all the soft parts were divided except the tendons, whether or not mortification would occur. However, when I divided the vessels (I may mention that one of the digital arteries was as large as the radial artery), the arteries at the distal extremity, coming from the point of the finger, bled so freely, that I was obliged to tie some of them. The circulation in the small vessels, along the periosteum, proceeded in such a manner as to be quite sufficient to sustain the vitality of the parts.—Then another principle of treatment for these nævi, where you do not like to extirpate them, or the application of the ligature may be impracticable (for sometimes the figure and situation of the nævus are such that a ligature cannot be applied), consists in a kind of attempt to imitate the process of natural cure, which I mentioned consists in an accession of inflammation and ulceration, sometimes leading to partial sloughing of the tumour. It is the application of caustic to the tumour. Mr. Wardrop recommends an application to the centre of the tumour of a portion of potass, or rubbing the tumour thoroughly with the nitrate of silver; but the potass is the most effectual. He says it will produce a certain degree of inflammation at one part of the tumour, like the natural process, and that this will diffuse itself over the whole of the texture; and thus you will get rid of a nævus which is too large to attack with the knife.—Another method which in some instances has been adopted with great success, is that of vaccination on the nævus, in children who have not previously been the subject of the vaccine disease. You introduce the vaccine matter at points all over the nævus, and round it, so as to produce a considerable degree of inflammation in the textures. I have tried this in two or three instances: in one case with complete success—in one case with partial success; and I have seen instances where it has entirely failed, although the nævus was not large, and I was obliged to extirpate it. It was seated on the scalp. The last method is by acupuncture.

SPIRIT OF THE MEDICAL PRESS.

PREVALENCE OF CALCULUS IN PECULIAR LOCALITIES?

THE importance of acquiring a knowledge of the causes of urinary calculi must be apparent to every one who considers that it affords the only means by which we can prevent the formation of this disease, the most painful in the catalogue of human maladies, as well as its recurrence after the sufferings and hazards of lithotomy. Calculus is more common in temperate than in warm or very cold climates; it is also much more incident to early years than to any other period; and to old age more than to the prime of life. Hippocrates notices the fact, that infants at the breast are not exempt from the disease; and our old English author, Philip Barrough, in his *Methode of Physick*, observes, "Stones in the bladder do ingender oftener in children than in older folk." Among those beyond middle age, it occurs more frequently in persons of sedentary habits than in those who lead an active life, and much more in those who indulge in luxurious living than in the temperate and abstemious; a marked connexion has hence been long observed between a calculous and a gouty tendency. However, although the rich, the luxurious, and the indolent, are at a certain age more prone to calculus than other classes, the poor and the destitute in early years enjoy no immunity from it; for the ill-fed and half-clothed children of the manufacturing and labouring population are frequently afflicted with stone. All authors who have written on this subject concur in stating, that females, notwithstanding their sedentary habits, are much less subject to calculus than males; and one reason for this is apparent, besides their more temperate and regular mode of life, namely, the lesser complexity in the form and construction of the urethra in females than in males, its more dilatable nature, and the absence of the prostate gland. When a calculus descends from the kidney into the bladder, or when a nucleus by any accident is formed in that viscus, it is most usually expelled during micturition, by the mere efforts of the bladder to empty itself, and it is sometimes surprising to what an extent the female urethra spontaneously allows of being distended. Tulpus (l. iii. obs. 7) relates the case of a lady, aged eighty-nine, who spontaneously passed a calculus per urethram, weighing three ounces and two drachms; but it appears to have paralysed the sphincter vesicæ, as she was ever afterwards troubled with incontinence of urine. It is a popular belief that water strongly impregnated with calcareous matter is apt to produce stone, and the prevalence of this disease in Paris countenances the supposition—a supposition which even the philosophical Hales entertained. But were this a cause, calculous disorders would be far more frequent than they are. The water of the Seine abounds with carbonate of lime, and were the disease attributable to the drinking of it, we naturally should expect the nature of the calculi would correspond with the character and quality of the water; but we know this not to be the case, and few calculi are more rare than those composed of the carbonate of lime. Van Sweiten observes, that the Caroline hot-baths quickly incrustate with a stony matter whatever bodies are immersed therein; yet they are extolled by many for their lithontriptic virtues. We have the high authority of Van Sweiten for the fact, that calculous disorders are very common in Holland, and the circumstance is the more curious, considering that gin, a powerful diuretic, is the spirit most in use in that country. Nevertheless, among the Dutch who come

from Europe, and inhabit Batavia, (Java,) stone is a very rare disease, although their manner of living does not differ from that pursued at home. Denys, who resided in that island for some years, tells us, that he could find only two persons who were obliged to submit to the operation of lithotomy. He further observes, that the water, they drink, flowing from the neighbouring mountains, is much impregnated with earthy matters. Calculous diseases are well known to prevail in Norfolk, more than in any other county in England; the cause of this greater prevalence is, however, not yet ascertained; whereas, according to Soemmering, these affections are unknown in some situations bordering on the Rhine.

PROVINCIAL MEDICAL AFFAIRS.

CARNARVONSHIRE.—QUACKERY.—A gentleman has addressed a letter to the Carnarvon papers upon this subject, from which we take the following, as illustrating the medical state of that district. He says:—"My motive in addressing you is to bring before your readers an evil which has grown into a most frightful magnitude in the Principality; and that evil is—Quackery. My attention was more particularly drawn towards it a month or two since, when a most shameful occurrence took place in my neighbourhood, in which the principal character was borne by one of those heartless brutes, who trifle with the dearest blessing God has vouchsafed to man; but the grave has closed over the victim, and shall, to this extent, 'cover all the doctor's error.' * * * What surprised me greatly at the time was, the immense number of these *honest* men (by courtesy) that are located throughout the country, especially in those places where a regular medical man has not taken his station, or where, by charging exorbitantly, he has deterred his fellow-creatures from soliciting his aid. Now, in order to give such of your readers as are not over-informed on the subject a slight idea of that number, I shall describe my own neighbourhood as a circle of four or five miles, generally esteemed a very healthy place, with a population, say from 1,500 to 2,000, but no *resident* medical man; still, to my certain knowledge, contributing more or less to the support of seven or eight of these empyrics, one of whom arrogates to himself the title of Surgeon-Accoucheur; another, that of Surgeon-Apothecary; and, I believe, he has the same printed on his *bills*; as for others, every one of them is in possession of some peculiar specific, with which he cures, or thinks to cure, those diseases which he has devoted to annihilation. A moment's reflection will convince any one, that such a state of things must be pregnant with mischief; for between their blunders as to the nature of the diseases, and the searching remedies which many of them apply, the poor patient is in a worse condition than if he had left nature unassisted to struggle with the disease. Now, if such of your readers as happen to have a troublesome neighbour of this sort were to keep an eagle eye on his proceedings, and expose him in every possible manner, by bringing his misdeeds to light, both through the medium of the public press, and the more direct mode of personal communications with their misguided neighbours, they would perform a service for which every friend of humanity would be eager to thank them. God forbid that we should meddle with the private character of any one; but when people push themselves to publicity, reckless of the consequence, their blood upon their own head."

DUBLIN.—MEDICAL ASSOCIATION OF IRELAND.—The anniversary meeting of the above Association was held on Wednesday, in the Commercial Buildings, Dublin. Delegates attended from different parts of Ireland; Mr. Carmichael was called to the chair.—The object of the meeting was to obtain such a reform in the laws relating to Medical Practitioners of Ireland, in conjunction with their brethren of Great Britain, as they deem necessary for the more effective working of the profession in its various relations with society. A council, with president, treasurers, and secretary, has been named, for the purpose of carrying out more effectually the objects of the meeting.—In the course of the proceedings, Dr. Maunsell said Mr. Nicholls had informed him that it was not the intention of the Poor-Law Commissioners to interfere with the medical charities of Ireland at present. He said that they could only interfere to the extent of inspecting the Dispensaries; and as they could not do this effectively now, they did not wish to create any alarm by doing that which would not be productive of any good.

DUBLIN.—RIGHTS AND POSITION OF APOTHECARIES.—In some remarks on Medical Reform, by Dr. Leet, Professor of Medical Jurisprudence in the School of Medicine, Apothecaries' Hall, he refers in the following terms to the rights of Pharmacy, and the position and wishes of the Apothecaries:—"It has been said of our branch of the profession that we, the general practitioners and apothecaries, are unfavourable to reform; that, in fact, the present system works so well for us, we don't desire, and are virtually opposed to any change. Now, were the premise even true, I must deny the inference—for there is not an honourable man of our body (and I know the majority to be such), who would, for mere selfish ends, desire to perpetuate a system which entails so much evil upon the profession, and engenders so many heart-burnings among its followers. * * * Pharmacy, regarded as a science or art, is entitled to equal rank and honour with her kindred sisters—Physic and Surgery. She derives her knowledge from the same living fountain of nature, and adopts her resources to similar ends—the constitution of man, and the prevention and cure of disease. We, her followers, therefore, as we acknowledge no inferiority, will never permit the goddess of our worship to be displaced from her shrine, or subject our profession to the subversion and arrogant dictation of others.—We demand *equal* independence and dignity for each and every branch of medical science; *equal* independence and dignity for every one who undertakes the god-like art (god-like only when united, for only *then* it is complete), of alleviating the ills of suffering humanity.—If, therefore, the consent of the apothecaries of Ireland is sought in aid of Medical Reform, it can *only* be had on the condition that pharmacy is to be equal in independence and dignity with the other branches, physic and surgery. And it is not only reasonable and just that this great fundamental principle should be laid, but also desirable that it should be acted upon—for what, so much as the want of this *general* union, the absence of this *mutual* reciprocity, has tended to the divisions and jealousies which prevail among us? Making medicine as the only exception to the honour and harmony which exists in the liberal profession.—Let the broad principle of unity and oneness be acted on; let our national emblem furnish our motto, and 'Tria juncta in uno' be the 'shibboleth' of our *thrice* honourable profession."

GLASGOW.—HYDROCEPHALUS.—OPERATION.—Mr. Robert Hay, surgeon, of this city,

assisted by Dr. Jackson, and Messrs. Muir, Christie, and Boag, surgeons, performed the operation of piercing the membranes of the brain of a child, eight months old, for hydrocephalus. No less than twenty-five fluid ounces of water were extracted. If rightly informed, this is the first attempt made in this city to combat this formidable, and almost universally fatal disease, by surgical operation. The child, a girl, is at present doing well.

KINLOUGH.—DISPENSARY.—At a meeting of the subscribers to this very useful institution, after a careful examination of the treasurer's accounts, and a statement of the medical superintendent, all which gave general satisfaction, the following resolution was unanimously agreed to, viz:—"That the thanks of the meeting are due and hereby given to Surgeon George F. Smyth, for his unremitting attention to the poor of this part of the country since he first took the charge of the charity and to the treasurer, John Evans Cullen, Esq., for his punctuality and attention to the accounts, and to the general interests of the Dispensary." Several gentlemen having renewed their subscriptions, the meeting broke up.

OLDHAM.—STATISTICS OF ACCIDENTS.—In the five years from 1830 to 1834, there were 38 persons accidentally killed in the coal mines within the borough of Oldham; in the succeeding five years, 1835 to 1839, 52; total, 90. In the first of the above periods, there were seven deaths in the same district arising from accidents in cotton mills; in the next five years, there were 14 accidents of the same class. In the course of the nine years, from 1831 to 1840, there were within the borough 79 accidents and sudden deaths, 45 of which were directly produced by intemperance.

PLYMOUTH.—NEW HOSPITAL.—The South Devon and East Cornwall Hospital was opened on the 27th of May. The proceedings commenced with Divine service at St. Andrew's Church, Plymouth, when a sermon was preached by a very able clergyman, the Rev. G. B. Gibbins, minister of St. Mary's, Launceston. A public meeting of the friends of the institution was holden at the Royal Hotel at the conclusion of the service, when the statement made relative to the measures adopted in reference to the institution and the sympathy created in its behalf, was highly creditable to all parties.

MEDICAL REFORM.—The motion of which Mr. Warburton has given notice upon this subject, for the 16th of next month, is of great practical importance. It will embrace the condition of the medical profession generally in England, Ireland, and Scotland, as well as the system of education, the qualifications for diploma, and the comparative value of the examinations of the three Colleges, as testing the knowledge of the candidates who apply for letters testimonial. As Mr. Warburton is known to be in favour of an uniform system of education in the three kingdoms, and of precisely the same qualifications for examination, whether in England, Ireland, or Scotland, it is understood that a proposition to that effect will be embodied in his motion.—*Dublin Monitor*.

Doctor Maunsell has been summoned to attend the Select Committee of the House of Commons on the health of towns, to give evidence on the state of the habitations of the poorer classes of Dublin, and suggestions for the improvements in sanitary regulations with regard to them.

Mr. Thomas Ray, of Bromley, a surgeon, in good practice, shot himself on Wednesday week, in a state of despondency.—Verdict, *Insanity*.

TO CORRESPONDENTS.

DELTA, PARIS.—We were unable to send the back numbers by post to Belgium, as they would be liable to postage. The stamp only franks a newspaper during the current week.—The proofs shall be sent—it is a capital suggestion.

MR. SCOTT has our thanks for his promised contributions, which we hope to see soon. The number shall be sent.

MR. WARDLESWORTH in our next.

SIR A. CARLISLE.—The remarks of J. B. are judicious in their general application, as likewise his quotation from 'Percival's Ethics' in reference to senescence; but we are compelled to regard the case in question as an exception to the general rule—the evil of Hale Thomson's being appointed to the Surgconey, would not be compensated for by the resignation of Sir Anthony, in whose good sense to resign at a proper and fitting time we have full confidence.

MR. JESSUP has our thanks for the communication, but the occurrence of obstinate constipation in cases of gonorrhœa is too frequent, to warrant a lengthened account of the case. We shall be glad to hear again.

PROFESSOR RAYER and SIR ANTHONY CARLISLE have this year been elected Honorary Members of the Physical Society of Guy's Hospital. It is an honour not frequently conferred. The late Professor Hamilton, of Edinburgh, and Professor Berzelius, received it during the year 1839.

RECEIVED FOR REVIEW.—Cuvier's *Discours sui les Revolutions de la Surface du Globe, et sur les Changemens qu'elles ont Produit dans le Regne Animal*.

MR. ROBINSON.—We shall for the future insert the names of such individuals as become admitted members of the Royal College of Surgeons in London.

The gentlemen who have sent us penny stamps to the amount of their subscriptions, are perhaps not aware that they have thereby rendered themselves liable to a penalty for selling stamps without a licence. We trust that others of our friends will not follow the example, as such paper-money will not satisfy either printer or stationer, more especially as it appears not improbable that no more will be issued, their inutility, ugliness, and expense, having been apparent within the first week.

RECEIVED.—*Rip Van Winkle; A Physician, Ireland; An Enemy to the Homœopathic Clique*.

ANATOMIS is right in his complaint of the enormous price of good illustrated works on Anatomy. The chief bar to the publication of good medical works in the form of two shilling numbers, is the opinion, that neither author nor publisher would be repaid for labour and capital. In works adapted to a very large class of readers, low prices are beginning to be adopted. For example, the 'Medical Times,' being addressed to a class amounting to some 40,000, it is the best policy to charge a very low price, to insure a large circulation—but if our paper addressed itself to medical students alone, the limited market would render it necessary to charge a higher price. Thus with good anatomical plates—the labour and expense of their production, and the limited number of purchasers, renders a comparatively high price requisite to cover the outlay. Existing prices are however much too high to be thus justified, and if any publisher brought out a cheap and good series, it must succeed.

RIP VAN WINKLE.—Sydenham College is only a college by name—in its nature it is a mere private school of anatomy, no farther connected with the University of London than any other of the private schools in London, or the country. The fees at the University of London are, we believe, 5l. for each of the two examinations for Bachelors of Medicine, and 20l. for the degree of M.D. Members of the College of Surgeons are admitted, previous to 1842, to examinations for degrees, without any other certificate than the diploma of the College. The examination is both written and viva voce.

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THE MEDICAL TIMES.

THE LONG-PROMISED BILL.

IN ten days Mr. Warburton is pledged to stand up in his place in the Commons' House of Parliament to 'move for leave' to bring in a medical reform measure. It has been our frequent and distasteful task to point out the procrastination and excuses—the hitching and stickling which has marked the conduct of the 'Hon. Member for Bridport'—to dilate upon the delays and postponements which have preceded each long-heralded step in his promised career for medical reform—and to place clearly before the Profession the plain and simple fact, that just on seven years have elapsed since a Committee of the House of Commons listened to ungainsayable evidence of the rottenness of our medical institutions, and the moral and political necessity for their prompt amelioration. The experience of seven years is not lightly lost—the impression of seven sessions are too strong to be soon erased—and the ghosts of broken pledges warn us not to place too much reliance upon a man who so frequently has broken faith, and coolly forgotten his promises upon a subject he had himself offered to pilot through its legislative difficulties. Anxious to learn the character of the bill, Mr. Warburton has stated his intention of moving for 'leave to bring in'—and fully alive to the advantages to be obtained from the mere agitation of the Medical Reform question in the House of Commons,—our experience forbids too sanguine indulgence, in the hope that something important will really be gained for medical reform during this session. From a knowledge of Mr. Warburton's general character and politics, we believe that the bill, whenever it is introduced, will be a broad and sweeping one—that it will strike at the root of existing institutions, and propose a system of medical government widely at variance with the present state of things.

That a great change is requisite, we were amongst the first to proclaim, and the loudest to repeat, and we now reiterate our conviction, backed as it is by the voice of the great majority of the Profession, not only in England, but in Ireland and Scotland also. Mr. Warburton's long-promised bill is to affect all three countries, and—if we rightly understand his description of it—is to place the profession upon an equal footing in all three. This all looks fair, but the outward seeming must not mislead us as to the inward spirit, nor must we forget that prospects as bright, and promises as specious, have again and again been broken.

The present demonstration of vitality—the statement of an intention to 'move for leave to bring in a bill,' has only been forced upon Mr. Warburton by the repeated attacks and upbraidings of his disappointed supporters. His present expressed intention can alone be made productive, by the energetic conduct of the members of the profession. Petitions have been, and are still being sent into the House to urge the question on, but this, although of great value, is not enough. Those who are interested should send to the long-benighted champion of the medical profession in the House of Commons, calling upon him to redeem his pledges *this Session*. The prayer of all petitions should call for reform *this Session*. Members should be urged to do something *this Session*. Else shall we fall again into the sickness of disappointed hope, and, it may be, long-continued wrong destroy all hope for future amendment, and by the enervating influence of disappointment prevent the energetic demand for just reform, and again (unhappily again) delay still further the advent of medical regeneration.

We know Mr. Warburton right well. We know his *philosophic* character. We know that no member in the House is better aware than the 'Hon. Member for Bridport' of the ways and means of advancing or delaying a measure—of when to 'press a division,' or when 'to count out the House.' We know how easy it is for him to 'move for leave to bring in a bill'—we know he can delay to bring it in as long as he pleases—we know what Select Committees are, and what delay may be made in them, calling for this or that in the shape of Evidence—and alas! too, we know, how old the present Session has grown before even notice was given 'for leave to bring in a Bill.' Hence, we say, let us not deceive ourselves. Let not our wishes hoodwink our judgment, but as we have forced things to this point, and obtained the promise of a bill, let the success, such as it is, prompt rather increased than diminished exertion. Let petitions, applications to members, and demonstrations of professional unity in the good cause be redoubled. While our armour is on let the battle be won, and then, in the fulness of victory, *and not till then*, be 'our battered arms hung up as monuments,' and with the feelings of well-deserved success, rest on the delightful consciousness that we have deserved not only the present satisfaction of triumph, but have earned a meed of gratitude from future generations, who will look

back with curious wonder to the 'good old days' when skilled physicians were prosecuted for curing the sick, and convicted quack murderers, aided by the patronage of a hireling press, revelled in the fatness of plenty.

CASE OF DISTRESS.—Advertisements have appeared in some of the papers, the purport of which we lose no time in placing before our readers, trusting that the publicity thus given will be of some avail to the bereaved family. The case is one which calls for every assistance which the members of our profession may be able to afford; and offers a strong case in support of the proposition lately contained in our columns, for the establishment of a Medical Benevolent Society.—“By the sudden death, by apoplexy, of Mr. A. P. Bevan, surgeon, of Abingdon, a widow and nine children are left in a state of total destitution. The distress is rendered more aggravated from two of the children being afflicted with imbecility of mind. Under these circumstances a committee has been formed to solicit the contributions of the charitable, and to apply at their discretion the funds that may be raised towards the support of the widow, and placing out the children.” A list is then given of gentlemen who receive the subscriptions, and among others those of all the medical men of Abingdon. One, however, is sufficient, W. D. Belcher, Esq., Mayor of Abingdon. Those medical men who can aid the unfortunate family of a professional brother, will, we are satisfied, do so upon this appeal; but all must be struck by the want of an Institution which would afford the much-wanted assistance without the—we had almost said *degrading*—publicity. While nearly every class of the community have societies and institutions for assisting their decayed or unfortunate members, the profession of medicine has none, and leaves those of its members who fall under the shadow of misfortune, either to starve in neglect, or come before the public in the painful character of suppliants for charity. We hope a remedy will be found.

PETITIONS.—In the HOUSE OF LORDS on Monday, the Duke of Buccleugh presented a petition “from a Medical Association in Norfolk” in favour of Medical Reform.—The Earl of Radnor also presented a petition from Hull in favour of Medical Reform.—In the HOUSE OF COMMONS on the same day, Lord R. Grosvenor presented a petition from medical men in Chester, praying for Medical Reform.

LORD BROUGHAM, on Tuesday night, presented a Petition for Medical Reform, from the “Kinross Medical Association.”

Dr. Walker, of the Huddersfield Infirmary, is attempting to establish a Sea-bathing Infirmary on the Lancashire coast.

SUPPURATIVE RHEUMATISM IN THE ILLIO-FEMORAL ARTICULATION(?)—At a recent meeting of the Academy of Medicine in Paris, Professor Gerde produced the morbid preparation of parts where pus having been formed in the joint, made its way externally. The cartilages were abraded, and the bones at the extremity were studded with protuberances like stalactites. This case was produced as one of rheumatism. Professor Roux considered it to be a common inflammation of the periosteum. Professor Bouillaud, on the contrary, affirmed that in well-marked rheumatic affections, suppuration was met with in the articulations and tendinous sheaths. He makes a distinction between rheumatism and rheumatic neuralgia.

**THE SECOND OF A COURSE OF LECTURES,
DELIVERED BY A PRESIDENT OF A ROYAL
COLLEGE OF PHYSICIANS.**

TRULY did the poet say—

“Pallida mors aequo pulsat pede pauperum tabernas,
Regumque turres.”

The average of life in peasants and in peers appears closer on equality than is usually imagined. Of the great we may say with Seneca—“Operose nihil agunt”—their labour and anxiety about that nihil is fully equivalent to the bonâ-fide exertions of the peasant. To smooth the pathway to the tomb is the office of the accomplished physician, and I find great consolation—true comfort in reflecting how that duty has been performed by me. The usages of society make the anti-mortem presence of the physician as essential as the post-mortem attendance of the undertaker. From us the patient may derive hope—consolation. How often has my persuasive eloquence been effectual in confirming the belief, that pain is an instrument, by which the Eternal may detach man from this beautiful world.

But we must turn to the practical exemplification of the great principle I have just laid down—the *simulation of knowledge is of more consequence than its real possession*—and in reference to this we must enter briefly into detail.—The disciples of Esculapius may be divided into three classes—the Materialists—the Rationalists—and the Mystics.—Alas! how weak and fallible is human nature—“Quantum est in rebus inane.” Error has ever more charms for humanity than truth, which we shall find lamentably exemplified in our present disquisition. The principle of life is intangible—immaterial—health and disease, logically speaking, are but its modes; consequently they are unconnected with physical agency in their origination, having only a material medium of development. Now surely it is far more philosophical to endeavour to remedy evil in its origin than to attempt to stem the current.—In moral policy do we not rather strive to annihilate the germs of ill than to arrest its career?—and why is not the same course to be pursued in reference to corporeal evils? More need scarcely be said to demonstrate the fallaciousness of the doctrines of the Materialists—fit only for those gross and common-place souls who would not be open to the conviction of having dined by the finest and most logical ratiocination, unless the gustatory impression and sense of plenitude were correspondent thereto. The Rationalists labour under a still greater delusion—“Felices errore suo,” they affirm that because a physical agent has produced an effect once, the same must occur again! To this we need merely reply—disease comes not within the cognizance of our senses in its origin, but is spiritual and immaterial. The consequences may be apparently similar—the causes, oh how different in their essence and obviability! Analogically, progression may be compelled in the human subject by pedal propulsion à posteriori, or nasal prehension ab anteriori—the results are similar, but the occasions are diverse. Also, according to every rule of chance, how seldom do two consequences assimilate, though with apparently identical causes. According to the Materialists disease is a “menstrum horrendum cum millibus caudis”—each of which caudal prolongations requires an appropriate medicinal appliance. Again a kind of atomic theory has been formed—here it was supposed the atoms had assumed undue corpulence or undue tenuity, so as to unfit them for passing along their wonted channels—there they imagined that the corpuscles constituted a morbid state by performing certain eccentric evolutions—these

gyrations in some instances at least we must imagine to have been undertaken for the special edification of the observing philosophers. The divining rod of these modern magi consists sometimes in a ligneous cylinder, through which the disease itself will give tongue, assuming in turn the semblance of a saw—a goat—a piece of leather—a bell—a dove—or even the devil himself. Such accidental complications certainly may arise as the incarceration of a fly in the tube—even as happened to the telescope of a learned astronomer who discovered the moon to be peopled with elephants—the insertion of any substance in the said cavity may also give rise to sanatory absence, and that acoustic deficiency may subject the hapless patient to a bounteous administration of antimony or mercury—“egrescitque medendo usque ad mortem,” leaving the medical practitioner however the consoling reflection that his patient has ceased to live secundum artem. Another class of these individuals are ever contemplating the disburthenments of nature, hoping to find in their plus or minus condition a solution of the cause of divarication from corporal salubrity. Then we have the knights of the scalpel, who so recklessly mangle the sad remnants of mortality, in search of that which has ushered the spirit from its mortal tenement—who flatter themselves that their incisions will unveil nature to their gaze.—Sanguinary monsters! not content with their unhallowed crusade against the dead, they remorselessly bid the purple stream of life to flow on the slightest occasion, making the lancet a little instrument of such mighty mischief as sets at nought all powers of description.

**DEATH FROM IRRUPTION OF AIR INTO THE
VEINS.**

[From a Correspondent.]

I HAVE already called your attention to the erroneous conclusions of Sir Charles Bell, as to the cause of death from the irruption of air in the veins, in proof of which I adverted to this case of Dr. Mercier, where a patient died on the operating-table at the Hotel Dieu, while undergoing amputation of the arm at the shoulder joint. In that case, the air on its arrival into the heart, was there pent up, and death instantaneously followed.—Dr. Mercier, who assisted M. Roux on that occasion, gives the following narrative of this untoward event, and of the accident which caused the necessity of the operation.—The patient, in a state of intoxication, had fallen into the fire, which was made upon the hearth, but how long he remained in that situation was not known, as he could give no account of the accident. The whole of one side, including the lower extremity and the arm, was extensively burnt; and the destruction in the latter was so deep, that amputation at the shoulder joint afforded the only chance of saving life. It was not until the sixth day that the consent of the patient could be obtained; and as the fever of elimination had not proceeded to a great degree, the operation was immediately performed by M. Roux, according to the method of Dessault.—The preliminary incision, two inches downward from the acromion, had been made; the external and posterior flap was also completed and raised by the operator. The capsular ligament was about to be incised for the purpose of luxating the head of the humerus, when the man suddenly grew pale and faint. As the syncope produced no alarm, the operator was about to continue, when two or three convulsive movements occurred, and in a few minutes the assembled spectators acquired the melancholy conviction that life had departed.—Dr. Mercier and others had heard a hissing noise,

like the rushing of air into the exhausted receiver of a pneumatic machine, and the sound was ascribed at the moment to the motion of the humerus in its articulation. The death of the patient soon, however, left no doubt as to the cause of the melancholy result.—Care was taken on the dissection so to open the sternum in the centre, as to suffer no influx of air into the veins from the post-mortem incision. On the pericardium being brought into view, *the right auricle and ventricle presented to the touch an unusual softness and elasticity, which could only be explained by the presence of an æriform matter.*—The blood in the coronary veins was intermixed with globules of air. The vena cava abdominalis elastic, like the inflated cavities of the heart, was ascertained to contain air by the following means: a portion having been included between two ligatures, water was poured into the abdomen, so as to cover the vein about an inch deep. The vessel being then punctured, gave issue first to a portion of blood, and then to air which bubbled through the water.—The next object was to collect the gaseous contents of the heart, and to submit them to analysis, in order to discover whether they were common air, or any other gaseous body. For this purpose the mediastinal cavity of the thorax was filled with water, and a glass gas-receiver filled with water was inverted over the right ventricle. That cavity was then opened, and nearly four and a half cubic inches of gas was collected in the receiver.—No air was found in the veins of the neck; the axillary and subclavian veins were filled with blood. The left lung was bloodless, remarkably light, crepitating, and without any trace of emphysema. The right lung contained a little blood.—In the head nothing was found that could be explained by the flow of air into the cerebral veins. The cellular tissue beneath the cerebral portion of the arachnoid was suffused with serum. On the anterior part of the right hemisphere, was a broad cretaceous concretion. Several ecchymoses were perceived between the arachnoid and the dura mater, and the whole surface of the cerebral portion of the former membrane presented an opaque tint. These morbid appearances were doubtless occasioned by the constitutional irritation of so extensive a burn, and they accounted for certain symptoms experienced about the head during life.—*Analysis of the æriform fluid.* The first question that arose was concerning the nature of the gas. It was not ammoniacal because insoluble in water, nor carbonic acid, for it produced no action of lime-water; it was not azote, for a taper burned in it as freely as in the ambient air, nor was it oxygen, which would have given increased intensity to the light. Had it been hydrogen, it would have been inflamed by the taper; it was therefore common air.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who, having passed the examinations, were admitted Licentiates on Thursday, May 28th, 1840:—

Charles Benjamin Painter, London.
John Cash Neild, Manchester.
Henry Baller, Bideford, Devon.
Richard Turner, Tannington, Suffolk.
Samuel Holmes, Bradford, Yorkshire.
William Cumming, West Indies.
Bartin Thomas Burton, Australia.
John Ellis, Norman Chevers, Greenhithe, Kent.
John Hopkin Pierce, Breconshire.
Edwin Wing, Melton Mowbray.

Mr. William Butcher has presented the sum of £100 to the Sheffield Infirmary.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Annali Universali di Medicina.—*Bulletin de la Société Anatomique.*—*Bulletin Chirurgical de Laugier.*—*Gazette Medicale.*—*Gazette des Hopitaux.*—*L'Esculape.*—*Revue Scientifique et Industrielle.*—*Archives de la Médecine Belge.*

THE 34th Number of the '*Medical Times*' contains cases of *Convergent Strabismus cured by division of the Internal Rectus Muscle*, which have been translated into the *Gazette des Hopitaux*, with annotations that are deserving of notice. The original cases omit to state the distance from the cornea at which the muscular insertion is to be sought for section, and that point is of importance to be ascertained, inasmuch as the subsequent aponeurotic expansion of the muscles is too closely connected with the sclerotic to admit of useful division. M. ROGNETTA fixes the point of section at eight lines (two-thirds of an inch), or even more, from the circumference of the cornea. Hence arises a necessity of drawing the eye *strongly outward*, or towards the external angle, which practice is also useful for the purpose of avoiding the section of the conjunctiva, near the caruncula lacrymalis, so vascular as it is at that part.—The same journal gives a summary of the practice of M. Bouillaud for the last month, whom, with all due respect to his well-known talents, I cannot help designating as the Sangrado of France. Among the cases are the following:—

Typhoid Fever cured by bleeding.—A boy who had been in the hospital five days, had previously consulted a *Pharmacien*, who recommended him not to go to *La Charité*, where he would be bled to death. The learned professor, however, was enabled to congratulate his class, that although he had bled the boy three times, to the tune of two pounds ten ounces of blood, he was gradually convalescing.—Seven other cases of the same kind are adverted to as cured by bleeding, but the symptoms are not given, and the cases were too mild to prove any more than that the patients were not killed by bleeding.

Bronchitis acuta—Death.—The man was bled twice from the arm, and twice by leeches, with a loss of about three pounds of blood within ten days of his sojourn at the hospital, which depletion, M. Bouillaud very properly thinks not to have been enough.—On *dissection*, an enormous quantity of milary granulations were found in the bronchiæ, whose mucous membrane was red and thickened. This was considered to be a striking example of *phthisis acuta*, or galloping consumption.

Pneumonia, with Affection of the Heart.—The inflammation which occupied the posterior and upper half of the lung, was accompanied by a strong bellows' sound of the heart. The latter was ascribed either to the formation of clots, or to an acute state of the affected organ. The patient was bled five times, and had three scarified cuppings, by which convalescence was ensured within six days. As some persons attribute the bellows' sound to a state of *anæmia* from loss of blood, M. Bouillaud directed attention to the fact that it was relieved by bleeding.

The same journal contains also the following case of *Diabetes Mellitus*.—The patient having an enormous secretion of urine, with great thirst, was treated for *Gastro enterite*, with mucilaginous diet and lemonade; but he became enfeebled and emaciated, and his limbs were weak and trembling. His appetite, however, was increased; his urine was voided every half hour, and his thirst was intense, notwithstanding he drank copiously. The mu-

cous membrane of the mouth and the tongue were red and dry, with salient papillæ, and the saliva was glutinous and small in quantity. The skin, exempt from transpiration, was rugous and scaly. The urine was clear, inodorous, transparent, and *saccharine*, like whey, and made no deposit. The urine, thrown on the fire, gave out an odour of caramel or burnt sugar. The quantity excreted surpassed that of the drink taken, and the surplus was considered to be equivalent to the quantity of feculent food consumed by the patient.—The feculent diet was exchanged for meat, fish, and eggs, with sorrel, spinach, succory, lettuce, and water-cress. A remarkable amelioration was perceivable; in three days the urine became less copious, and of a darkish yellow. It had resumed its usual odour, and all the bad symptoms disappeared.—But the point most deserving of notice is, that on resuming the feculent diet the disease returned. Meat was again taken, with the same beneficial result, but a second time he resorted to his feculent food, which was followed by a second relapse. Since that period the condition of the man has varied according to the food he took. Several times he has alternated between relapse and recovery.

A case of *fatal Chronic Otitis, from repercussion of an eruption of the scalp*, is given by the *Archives de la Médecine Belge*.—A boy of thirteen was subject, from his childhood, to an eruption of the hairy scalp, which, however, sometimes disappeared for several months. About a year previously to his last and fatal illness, his eruption returned, but was again cured by washing with bran-water. Soon afterwards very acute pains were experienced in the right ear, radiating over the scalp on that side. These symptoms were subdued by emollients, although they did not entirely cease until the eruption had returned. Unfortunately the parents did not perceive the salutary tendency of the eruption, and they caused it again to be repelled. Severe pains recurred in the ear, with discharge of pus, deafness, turgid countenance, frequent pulse, heat on the skin alternating with shivering, &c. On the following day, delirium, carphologia, convulsions. Opisthotonos ushered in the fatal termination which speedily followed.—On *dissection*, suppuration of the soft parts within the ear was found, with destruction of the lining membrane. The bones were denuded and rugous. The *dura-mater* was destroyed in the inner auditory foramen, and purulent effusion was found in the arachnoid, corresponding with the cerebral protuberance, the base of the cerebellum and medulla oblongata. The meninges in this part were inflamed and covered with false membranes: the brain was turgid, and the ventricles contained several ounces of serum, with deposition of pus. The pus formed in the ear, and effused into the arachnoid, was doubtless the cause of inflammation in that membrane.

The *Gazette Medicale* reports the following dreadful case of long-continued suffering, under the title of *Osteo-sarcoma of the Upper Jaw* (mistaken at first for painful affection of the nerves).—The pain, which had existed with various degrees of intensity for many years, was during the whole of that period unaccompanied by any external symptoms. Four of the teeth at the commencement were successively extracted, on suspicion of being the offending cause, but with no good result; the pain soon became intolerable, and occupied the whole of the jaw, with occasional fluctuations in severity. I pass by the treatment for brevity's sake, in order to arrive at the state of the patient when she consulted the author.—The sufferings were now indescribable, and the patient was reduced to so deplorable a state of weakness, as to be

scarcely able to leave her bed an instant during the day. The cheek had become tumefied; the integuments were red and hard, but free from pain on being touched. The tumour appeared of the size of an egg, filling up the canine fossa, and deforming the features. The voice was nasal, and the breath foetid; the eye started forward from its socket, and the nose was forced to the opposite side of the face. The tumour was, at this period, supposed to be a polypus in the antrum of Highmore, which had pierced the bone, especially as the nostril contained a soft, fungous, and painful tumour, which bled at the slightest touch, but the finger introduced behind the *velum palati* discovered nothing. An attempt was made to pass a probe round the nasal tumour, in order to determine its extent and precise position, but without success.—Under these circumstances an operation was resolved upon; but in the course of a week, while the subject was in meditation, the disease advanced with such terrific progress, as to forbid any attempt for its removal. The eye was forced still farther outward, the sight was lost, the *velum palati*, and the palatine plate of the maxilla, was forced downwards by the increase of the tumour, which also projected to a greater degree through the canine fossa; the remaining teeth dropped out—the alveolar margins of the bone were swollen and softened—and the mouth was filled with an infectious purulent sanies.—An affecting accident occurred at this period, which I merely notice without particulars: the poor sufferer, while being lifted into bed, slipped down and fractured her thigh, the bone of which, as appeared after death, had acquired unusual fragility and softness, from cancerous diathesis.—At length, as the sad scene drew to a close, the respiration and deglutition were impaired—the ideas became incoherent—delirium followed—and fever was lighted up, which continued a few days, until death, a welcome messenger, put an end to the sufferings of the patient.—*Dissection.* The external tumefaction after death was, as is usual in like cases, diminished in size. The surrounding cellular texture was lardaceous, hard, compact, and attenuated. The whole of the upper maxilla, including its orbital plate and a part of the malar, had disappeared, so that the tumour was easily brought into view, and removable. Its surface was covered with large arteries, gorged with blood.—The polypous portion of the tumour, of which a part still soft and fungous existed in the nostril, had not changed its aspect. The prolongation of the mass behind had the size of a chesnut, which blocked up the posterior nostril. The bones of the nostril and remainder of the malar were partly converted into a substance of the same nature as the tumour, which, by means of curved scissors, was followed in the various anfractuosités of the face, and when detached was about the size of a breakfast cup, weighing 180 grammes (six ounces, or very nearly). Its structure in one part was cerebriform, in front it possessed the physical character of osteo-sarcoma. The remaining border of the diseased upper maxilla, where it joined its fellow, could be detached by simple incision.

The *Annali Universali di Medicina* contains *Experiments by Professor Cattanei, of the University of Pavia*, which demonstrate that copper and lead do NOT naturally exist in the human viscera, as was affirmed by M. Devergie, in a communication to the *Academy of Sciences*. The Committee appointed by the Academy had, indeed, reported that the alleged facts were not conclusive; but the Italian professor, in the meantime, had also arrived at the same opinion, and as the experiments are of sufficient importance to record, I subjoin them.

—In order to be assured that the viscera could have received no copper or lead from food cooked in tinned or copper vessels, the viscera of three children at the breast were selected. Portions were carbonized separately in Hesse crucibles instead of silver ones, lest, in case of finding copper, it should be supposed to be derived from the alloyed metal. Porcelain was rejected from a similar motive, lest the lead, if discovered, should be traced to that metal which had been employed in the vitrification of the porcelain surface. After the carbonization the portions were incinerated, part by nitric acid, and part by chlorate of potash, in order to compare results.—The ashes were treated by acetic acid, assisted by heat, to which was added an excess of ammonia. The liquid, when poured off from its sediment, had no azure tint, neither did it give the least precipitate by means of the double yellow cyanure of potash, nor with the hydrosulphuric acid; neither did polished steel immersed in it show the smallest trace of copper.—The residuum of the first decantation, after being treated with ammonia, as before described, was again dissolved in acetic acid, and filtered. To different portions of the clear liquid was added, iodure of potassium, chromate of potash, sulphuric acid, and a plate of zinc. The only one of these tests which gave rise to a momentary suspicion of lead, was the sulphuric acid, which produced a brownish tint, that was afterwards discovered to arise from sulphur of iron, for the matter, when deposited, was dissolved in very diluted chlorhydric acid, to which was added a solution of yellow cyanure of iron and potassium, which produced a blue precipitate.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.
Lat. 51° 37' 44" North, Long. 34° 45' West.)

WEATHER.	WIND.	RAIN.	BAROMETER.		THERMOMETER.		MAY.
			Highest.	Lowest.	Highest.	Lowest.	
Fair, with high wind in the night, and rain.	W.	.92	30.018	29.910	70	55	24
Squally—fine night.	N.W.		29.842	29.720	72	41	25
Rain forenoon—fine night.	N.W.	.08	29.838	29.684	67	35.5	26
Fair.	W.		29.934	29.982	71	40	27
Fine, with cumulus.	W.		29.836	29.500	76	51	28
Cloudy a.m.—fine p.m.	W.		30.200	29.950	74	43	29
Fine.	N.W.		20.250	30.362	73	49	30
		.30	30.001	29.592	72	45	Mean

OBSERVATIONS FOR MAY.

Barometer—Highest on 30th 30.280
Lowest on 16th 29.300
Mean of the Month, from 31 Obs. . . 29.817
Rain for the Month* 4.42 inches.

Thermometer—Highest on the 2nd 86°
Lowest on the 19th 33
Mean of the Month 58
Greatest variation in 24 h. . . 45 on the 1st.
Solar radiation greatest . . . 112 on the 2nd.
Thunder on the 8th, 12th, 15th, and 16th.

* The greatest quantity since the Year 1797.

W. JACKSON.

REVIEWS.

The Anatomy of Suicide. By FORBES WINSLOW, Member of the Royal College of Surgeons. Renshaw.

WHAT! only a Member of the Royal College of Surgeons? Surely, Mr. Forbes Winslow, you have not been so long a literary quack to so little purpose? By this time, at least, you should have worn to your name a long pig-tail of alphabetical honours from the whole tag-rag and bob-tail of the Societies. But since 'to their own merits modest men are dumb,' let us see, Mr. Forbes Winslow, whether we cannot, from the stores of our memory, rummage up for you a few additional titles of honour. Yes! here they come thick and three-fold, thronging in upon us from the lofty heights of Paternoster-row, to the more humble regions of Little Queen-street, and the still more obscure dwellings of penny and piratical Catnachs. Hail to thee, Forbes Winslow! Thou Admirable Crichton of modern surgery! We hail thee—

Author of PHYSIC and PHYSICIANS!

Ditto of LAW and LAWYERS!!

Ditto of the PENNY DOCTOR!!!

Inventor of the DOCTOR'S STOMACH PILLS!!!!

Author of a Shilling MANUAL of SURGERY, for Medical Students!!!!

And, to crown all,

Inventor (with the assistance of those eminent individuals the Drs. Jordan) of the HARVEIAN THEORY!!!!

And the HARVEIAN PILLS!!!!

After this we must draw our breath for awhile, in amazement at the genius which could illuminate so many subjects, and shine conspicuous equally in all the upper and lower branches of physics, and then at last blaze out in metaphysics!—As Mr. Forbes Winslow so carefully placards himself as a Member of the Royal College of Surgeons, we would recommend him to follow the example of two other most distinguished Members of the Royal College of Surgeons, (we allude, with much respect, to the Messrs. Goss,) and, like them, in his next work, to have 'a light in the passage;' for not one ray of light, or glimmer even of a rushlight, is reflected on the subject of *Suicide* in any passage of the work before us.—Mr. Winslow is afflicted apparently either with a fulness of the head, or an emptiness of the pocket, or perhaps with a combination of both, which, acting on an irritable system, have resulted in a termination of ink to the fingers, which, from long indulgence, has become an inveterate and incurable disorder. Indeed the work before us is so evidently the production of an unhealthy mind, so manifestly unfit, from natural weakness, to grapple with the subject, that we should almost advise the friends of Mr. Winslow to treat him after his own system, as far as we can make it out from his own book; and because he has done a foolish thing in publishing such a book, and therefore shown "a perversion of the moral sense," to apply at once half-a-dozen leeches to his head, and give him a drop of Croton oil, lest he should go farther, and become a subject for his own writings. In recommending this treatment of Mr. Winslow, by his own theory, (not the *Harveian*), for the prevention of suicide, we feel that we are doing justice both to him and the world.

Neque enim lex sequior ulla est
Quam necis artifices arte perire sua.

From certain internal evidence of the book itself, we are inclined to set down this, '*Anatomy of Suicide*,' as Mr. Winslow's *opus magnum*—his last and greatest work—the more especially so as he has continued to combine

in it all those qualities which so pre-eminently distinguish him as a writer. To the diligent amplification of a penny-a-liner, he has united the industrious rummaging of a bookseller's hack, together with that shallow inclination to generalization from a few facts, which has led so many half-headed men (Morison and others, as well as the Drs. Jordan and Mr. Winslow) to systematize. His "system," such as it is, is absurd; because as suicide either proceeds from insanity or it does not—if it does, the question resolves itself simply into the proper treatment of insane persons; if it does not, as no one can charge a man with the intention of committing suicide before he is taken, as they say in murder cases, 'with the red-hand'—so no preventive can be applied until too late; and as the complaint is of that nature that the primary symptom is death itself, it is too late then to call in a physician; unless, indeed, we carry out Mr. Winslow's hint, (system we must not call it, for there is nothing like it in the jumble of scraps of which the book is composed,) and teach, that when men are in difficulties they should send for their doctor rather than their attorney, and seek for a dose of Epsom salts rather than for a discount.

But the *anatomy* of suicide!—where is the *anatomy*? Where is the fine and subtle tracing of feelings and of thought which, like the demonstration of the nervous fibre by *Majendie*, should lead us almost to the threshold of a first cause? Where is this, we say? Where the *anatomy* of suicide? About as much of it in this book will be found, as in a column of the 'Weekly Dispatch,' headed 'Coroners' Inquests,' and 'Shocking Suicides!' a mere collection of facts and 'curiosities of suicide,' cooked up together after the fashion of Messrs. Goss and Co's. 'Ægis of Life,' with a maukish commentary in the worst taste of the maudlin school, written most carefully after the manner of that finest of modern productions, *Morisoniana*.

As the man who, because he wanted to learn arithmetic, wrote a 'treatise on mathematics,' in the hope of picking it up on his way, so Mr. Winslow, perfectly ignorant of the science of mind, with scarcely a smattering of metaphysics, without capacity of comprehension, or clearness of conception, utterly incapable of accurate definition, thoroughly and irretrievably illogical in style, lamentably deficient in classical learning, rustically ridiculous as to the elegances of literature, feeble in language, frivolous in illustration, and, in a word, as incompetent to deal with the subject of suicide (except in a *practical manner*) as a pig with a pencil-case; so Mr. Forbes Winslow, we say, Member of the Royal College of Surgeons though he be, has rashly and profanely ventured to put his rude hand upon the very ark where lie the most holy and mysterious *arcana* of the science of mind. He has dared to touch a subject from which the most eminent scholars, physicians, surgeons, and men of science, *omni arte periti*, both foreigners and Englishmen, have shrunk with trembling. Thus 'fools rush in where angels fear to tread,' and Tittlebat Titmouse Winslow has audaciously sent forth a large book on 'Suicide' to the public, when Lawrence dared not have read a short paper on it to his friends! We may return to this again.

NEW TREATMENT OF PSORA.—Chlorate of Lime a pound, mixed with water three or four pounds, for a lotion, to be applied by means of compresses on the affected parts. These compresses are to be covered by others dipped in vinegar; all are to be again wetted when dry.

THE PHYSICIANS AND SURGEONS OF IRELAND VERSUS THE APOTHECARIES.

To the Editor of the 'Medical Times.'

SIR,—I beg to call your attention to the enclosed statement, and hope you will give publicity to the glaring absurdity of a company of mere drug-venders having power over such a body of regularly-educated Physicians and Surgeons.—I am, Sir, yours most obediently,
W. SIMPSON.

110, Guildford Street, May 30th, 1840.

"Doctors Hurst and Marshall, being a deputation from upwards of five hundred Medical Practitioners, Physicians, and Surgeons, in the Province of Ulster, in Ireland, beg to lay before the public the following statement:—

"We, and our brethren, having served a short apprenticeship to the compounding of medicines, afterwards complied with the extensive requirements of the Universities and Colleges of Surgeons, in London, Dublin, Edinburgh, and Glasgow, and received our degrees in medicine, and diplomas in surgery therefrom.—With these qualifications we have been practising, in every branch of the profession, (many of us for twenty years and upwards,) undisturbed, and enjoying the public approbation, as the petitions to be shortly presented to Parliament will show.—In 1791, a Company of mere Apothecaries, in Dublin, obtained an Act of Parliament, 'to restrain and punish ignorant and unskilful persons,' who might practise as Apothecaries, without a licence from the said Company. This Act was not generally enforced until the year 1827; consequently we were either not aware of its existence, or believed it to be a dead letter, which, in any event, *could never apply to regularly educated Physicians and Surgeons*, such as we are.—However, from 1827 till 1829, the Apothecaries' Hall, as appears by a Parliamentary Return, realized £5000 by *finer* exacted from the Physicians and Surgeons, who practised as general medical practitioners in Ireland; and even *gave their licence to great numbers of notoriously ignorant persons, on their paying the penalties*.—In this course they were arrested by a remonstrance from Lord Stanley, when Chief Secretary for Ireland.—They have now taken legal proceedings against us, and our brethren, with the view of recovering from each the sum of £40 as penalties; and, if they succeed, will realize a sum of £20,000.—As the Hall refuses us any examination, to prove our competency in Pharmacy, *there is no remedy, except by Government interference, or a short Act of Parliament, to stay proceedings and to be protective of what we consider our legal rights and privileges*.—A precedent for such interference may be found in an Act passed in the present Session of Parliament, protective of, and to stay legal proceedings against, persons entering in their own names more than one horse on a racecourse, contrary to a former Act of the Legislature on this subject. Surely, then, such interference and protection will not be denied to us."

CONDITION OF NAVAL MEDICAL OFFICERS.

To the Editor of the 'Medical Times.'

SIR,—In the abstract of the Report of the Naval and Military Commission, which appeared in your Journal a few weeks since, I am glad to perceive that it is recommended that naval Assistant-Surgeons should be paid at the same graduated scale as their military brethren, as regards number of years, and also that the naval Surgeon should have his time of service allowed him. From my knowledge of the wishes of the officers of that class of Her Majesty's Navy, I feel assured that, should the

plan proposed be brought into effect, it will be felt by them to be a great boon, and serve to remove, in some measure, that apathy and dislike with which a great number have viewed the service. But there is yet something more wanted to ameliorate the condition of that class, viz., the messing in the ward-room, and having the occupation of a cabin. In the Report of the Commission before mentioned, the Commissioners, in alluding to that much wished for change, state that they have inquired into the practicability of the measure—have well weighed its bearings, and are not enabled to recommend its adoption. From my own acquaintance with the society and conduct of those composing the gun-room or midshipmen's-mess of a man-of-war, I can with extreme pleasure testify to their generally highly intellectual character and moral worth. But I know it is the general opinion among medical students, that the midshipmen's mess is only a fitting arena for such Tom and Jerry sports as described by Smollett and Marryatt. I know that a number of young members of the medical profession, of a much higher order of general and professional education than those who usually enter that service, would, on the adoption of that proposed change of messing, be instantly on the alert to obtain a *warrant*—for even at the present day Assistant-surgeons have only warrants, not commissions. As to its practicability, I feel assured that in most of the ships of the line, it can be easily effected. I know no reason why the Second Lieutenant of Marines, who may be, and often is, a mere boy of sixteen years of age, and has not until lately had to undergo *any* proof of mental education, should have the privilege of messing in the ward-room, to the exclusion of other officers of analogous rank. I have been informed that in one of the ships lately commissioned, a cabin has been ordered to be made for the Assistant-surgeon; this I take to be a good sign of the disposition of the Admiralty to grant the Assistant-Surgeon the privilege of a cabin where it is possible. Begging leave to apologize for these lengthened observations, I remain, yours, &c.,

AN ASSISTANT-SURGEON.

INSTITUTE OF FRANCE.

SOCIÉTÉ ANATOMIQUE DE PARIS.

Ecclymiosis of the Eyelids a sign of fracture of the base of the Skull, after a blow on the frontal region.—M. BOUCHACOURT pointed out the value of this diagnostic symptom, an opinion which we have already expressed in the 'Twelve Days' Visit to La Charité.' M. DENONVILLIERS maintained the contrary, but admitted the importance of the sign, after a blow had been received on the occiput.

Innocuity of Compression on the Brain without congestion.—A discussion having arisen as to the insufficiency of mere compression of the brain to produce paralysis, M. MERCIER related a case where a considerable cyst was formed within the cranium in consequence of fracture, which compressed the brain without producing any symptoms. Even compression rapidly superinduced by accident is frequently as innocuous as tumours which have gradually developed themselves.—M. GUERARD, of the Hospital St. Antoine, related a case possessing some resemblance with M. MERCIER'S, which we subjoin:—

Voluminous Cyst compressing the Optic Nerves and Brain, yet producing no functional disorder except amaurosis.—The patient, although long since completely deprived of vision, took long walks daily. At length he was seized with epileptiform symptoms which lasted two or three days, and then disappeared. Some time afterwards the convulsions returned, and the man died of cerebral symptoms on the third day after having been received into the hospital. On dissection, the cause of the new symptoms was found to be a recent

effusion of pus on the surface of the brain; and great was the astonishment of the doctor to find at the base of the brain a cyst of the size of the fist, compressing the optic nerves at their commissure. Here, then, was compression of the brain as well as the optic nerves, yet no symptom during life induced a suspicion of its existence; but a still more remarkable fact is, that although the compression from the cyst proved innocuous, yet some years before the man had an apoplectic fit followed by hemiplegia, which remained for several years, but finally disappeared. M. GUERARD is therefore of opinion with M. MERCIER and others, that *cerebral congestion* is necessary for the production of functional disorder in cases of intracranial tumour. M. CRUVEILHIER thinks, that in estimating the effects of compression, we must take into consideration the direction in which the tumour acts, for pressure made horizontally may be carried to some extent without injury, but is exerted with less impunity in a vertical direction. This view of the case was taken by M. PRIEDAGNEL, who was called to a child in a state of insensibility from a fall, but recovered after being bled. On the following morning, on examining a wound with ecchymosis in the parietal scalp, pressure upon it produced immediate paralysis of movement. On withdrawing the pressure the paralysis diminished, but did not entirely cease. At length the child recovered. This case, however, proves nothing, inasmuch as the pressure might have produced *congestion*.

Meningeal Apoplexy.—The morbid specimen of this case was presented to the Society by M. MOLLOY. A thin but extensive layer of red blood, resembling currant jelly, was extravasated between the two laminae of the arachnoid, on the right side only. No ruptured vessel could be discovered. The subject of this observation was a maniac who was suddenly seized with insensibility and the most complete paralysis of all his limbs. The mania was ascribed to an unusually dense state of the brain, which appeared on dissection.

A post-mortem specimen of inflamed external Iliac and Crural Vein was exhibited by M. BERARD, junior. The patient had died from symptoms ascribed to *purulent absorption*, after amputation of the limb, in consequence of fracture. At the lower part of the crural vein was found to contain a purulent clot, but it was completely obliterated at about one-third of its length, so as to intercept the circulation not only of blood, but of pus; for above this part, the blood, although small in quantity from collateral branches, was liquid, and the walls of the vessel intact. The external iliac vein contained another clot, of the size of a nut, which was surrounded by a layer of pus. The formation of the latter clot was considered difficult of explanation, on account of the obstruction of the vein below, which must have arrested the circulation of pus and infected blood. But who can tell that the lower obstruction was *first* completed? It was remarked by M. Maisonneuve, that the vacuity of a vein, and the absence of pus in its cavity, is no proof of its not having circulated during life, for in these cases, if we compress the neighbouring parts, we can force pus into the vein from its ramifications. But in the present instance, the explanation would not hold, inasmuch as the iliac vein, at the diseased part, received no branches.

A specimen of Phlebitis of the Crural Vein was presented by M. DEMAUX, which was remarkable from the existence of three circumscribed purulent collections, in the centre of clots adherent to the walls of the vein, which was thickened. The patient had for ten years past laboured under fistula ani, with openings in the urethra, penis, and buttock. He died of colliquative diarrhoea and marasmus, without any symptoms supposed to characterize purulent absorption. During the last days of his life, his lower limb, on the side corresponding with the diseased vein, was oedematous. The hypogastric vein was perfectly sound.

Morbid preparation of Cancerous Osteosarcoma of the upper extremity of the Tibia was produced by M. PASQUIER. The disease had existed five years. After numerous exacerbations, and subsequent diminutions of the local symptoms

under antiphlogistic treatment, it had extended from the centre of the bone to the integuments when M. CLOQUET amputated. The morbid tissue was encephaloid, partly softened, and partly in a state of crudity. It was traversed by osseous needles, irregularly disseminated. The tumour was not pulsative during life.

Fatal Cartarrhus suffocativus.—A dulness of sound on percussing the lower third of the thorax, had induced a suspicion of pneumonia, but after death, the ribs at the part in question were found to be lined with a bony substance, which nevertheless was attached at its extremities alone. This accounted for the absence of sound.

Anatomical structure of nasal Polypus.—The only remark to be made on this case is, that it seemed to be mucous, from its form and aspect, but from its consistence fibrous. M. MERCIER directed the attention of the Society to a memoir, in which he had shown that many tissues, and even muscles, are susceptible of transformation into the fibrous substance. He was of opinion that the polypus now before the assembly had been originally mucous, and from inflammatory action had become fibrous.

ACADEMY OF MEDICINE, PARIS.—MAY 19.

Experimental Researches on the Functions of the Encephalon, considered in respect to Sensibility and Motility.—M. BOUILLAUD reported that a memoir on this subject by M. MONAT contained an examination of the most arduous and most controverted questions in physiology. In the first part, the author inquires into the degree of sensibility peculiar to the different parts of the encephalon, and like many others, arrives at the conclusion, that neither the grey substance of the circumvolutions, nor the oval centre, nor the optic thalami, nor the striated bodies, nor the three-pillared fornix, nor the corpus callosum, nor the peduncles, nor the cerebellum possess the least sensation. Haller maintained a contrary opinion, but he was in error, notwithstanding he had formed his conclusion upon actual experiments. The second part examines the influence of the encephalon on the perception of sensation; and the author establishes, first, that the spinal marrow, independently of its other functions, is the organ of tactile sensibility; that the marrow feels in itself the impressions of touch, and acts upon those impressions; but the animal, which is the subject of the experiment, has no consciousness of it. Second, that the encephalon is the organ which perceives the impressions, raises them to the rank of complete sensations, of which the animal is really conscious, and which influence its volition. The third part determines the action of different parts of the brain on progression or *station*. The facts adduced differ little from those of Majendie, Desmoulins, and others;—such are the results of the section of the striated bodies, the optic thalami, the peduncles, and the cerebellum. After a section of the cerebellum, the direction of which the author omits to mention, the animal wished to dart forward, but being kept back by an invincible power, its motion was retrograde, its hind extremities were half-paralyzed, its body in disorderly movement, but volition and sensibility were intact.—The fact of involuntary rotation in animals, by the section of one of the peduncles of the cerebellum are, says the reporter, confirmed both in animals and in man.—The conclusions of M. Monat are as follows:—1. The three great nervous centres, the marrow and the nerves, the brain, and the cerebellum, have distinct and special functions.—2. Sensation and movement belong to the spinal marrow and nerves.—3. Volition and perception are seated in the brain.—4. The cerebellum possesses some influence on locomotion and *station*, although it is not clearly defined.

Pathological Anatomy.—M. BOUILLE presented several morbid specimens from operations performed by him.—First and secondly, *Cancerous maxilla inferior*.—Two cases resected from the symphysis to one of the condyles. The first was in an old woman of sixty-two, now in good health, and two years had elapsed without return.—Thirdly, *Cancer of the lower part of the Rectum, four and a half inches in length*, extirpated

from a young girl. The anal orifice of the gut was sound. The cure seemed perfect for eight months, but the disease returned, and now, on the eleventh, death seems inevitable.—Fourthly, *A portion of diseased parotid*. After its ablation, the posterior part of the branch of the lower maxilla was entirely denuded.—Fifthly, *Diseased submaxillary gland, with half of a diseased parotid*. The patient, a woman, survived three months, but died from relapse.—Sixthly, *A cancerous tumour affecting the upper maxillary bone, a portion of the molaris, the palatine bone, and the corresponding tonsil, extirpated from a girl of fifteen years*. The wound was cicatrized in ten days, but the patient shortly afterwards died from relapse.

Aneurism of the right external Iliac.—M. DEGUISE tied the artery as usual above the tumour, but having accidentally wounded the sac during the operation, a ligature was applied on the femoral artery below the tumour, and the femoral vein was found to take an anomalous course on the outside of the artery. By way of improving the complication of the case, the first ligature cut its way into the artery, so that a second was found indispensable higher up on the primitive iliac. The patient was presented to the Academy perfectly cured, and as the case will be consigned in a report by Messrs. Velpeau and Berard, we may be enabled to give further particulars.

Oblique compound fracture of the Lower Jaw.—M. BAUDENS devised a mode of fixing these bones by ligatures, which is spoken of as being very effectual, and very ingenious; but the description is not sufficiently clear for our comprehension, we shall therefore endeavour to obtain more complete information.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

DRUMCREE DISPENSARY.—A meeting will take place at the house of Mr. Somerset, Drumcree, on Tuesday, the 9th day of June next, for the purpose of electing a Medical Attendant for that Dispensary, in the room of the late Doctor Gallagher.

Dr. Fox, of Dublin, has been appointed surgeon to the newly-established Manor-Cunningham Dispensary.

ARMY.—OFFICE OF ORDNANCE.—Ordnance Medical Department, Ross Hassard, Gent., to be Assistant-Surgeon; Charles Young, Gent., to be Assistant-Surgeon, vice Goldsworthy deceased.

WAR OFFICE, May 29.—5th Regiment of Foot, Assistant-Surgeon Hugh Mackey, from the Staff, to be Assistant-Surgeon, vice Hall, promoted in the 60th Foot.—27th Ditto, Assistant-Surgeon John Gillice, from the Staff, to be Assistant-Surgeon, vice Fry, appointed to the 31st Foot.—31st Ditto, Assistant-Surgeon George Barlow Fry, M.D., from the 27th Foot, to be Assistant-Surgeon, vice Ayre, deceased.—60th Ditto, Assistant-Surgeon Thomas Hall, from the 5th Foot, to be Surgeon, vice Lamond, deceased.—Cape Mounted Riflemen, Assistant-Surgeon James Clephane Minto, from the Staff, to be Assistant-Surgeon.—**HOSPITAL STAFF.**—To be Assistant-Surgeons to the Forces, William Purdon, M.D., vice Minto, appointed to the Cape Mounted Riflemen; John Summers, M.D., vice Mackey, appointed to the 5th Foot; Walter George Leonard Staunton, Gent., vice Gillice, appointed Assist.-Surgeon to the 27th Regt. of Foot.

Died at Corfu, of fever, on the 21st ult., Dr. Peter Lamond, 60th Rifles.

STEAM POWER VERSUS POWER WITHOUT STEAM.—How rarely do we find ourselves disposed to give an opinion on subjects which we are not professedly competent to form a correct judgment of—viz., mechanical powers. We all know that steam is a mighty power, and that no power, gunpowder excepted, is equal to it; and as friction of the working parts of a fixed engine or locomotive forms a very great drawback on the power of steam wherever applied, and particularly in working railway curves, it is really surprising that so few attempts have been made, or at least with any beneficial effect, that will aid that power so as to lessen the consumption of coals, and consequently the motive power of the engine. For it must be confessed the ponderous weight of the engines are most destructive to new-laid rails, and the principal cause of producing an inequality in the ground over which they pass, some parts being loose earth, others of a more solid or rocky substance. Although many attempts have been made to remove friction from the axles of wheels on carriages, we do not know of but one which appears to have any real practical advantage, which we find has been patented by Mr. COLES, of Charing-Cross; and that appears so exceedingly simple, that it requires no mechanical skill to comprehend it. Power is power by whatever mode it is obtained, and every ounce of such power is giving so much to the engine; and it is displayed by simply transferring an ounce weight from the body of the carriage and adding it to the propelling power, and twelve times greater burden is set in motion. The power requisite to draw the carriage on common wheels is three ounces, and with the additional ounce above alluded to, it will draw a greater burden than forty ounces on common wheels.—From the Court Gazette.

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MEDICAL PORTRAITS.

THE LECTURERS AT GUY'S AND ST. THOMAS'S HOSPITALS.

MR. BRANSBY COOPER is the principal anatomical lecturer at Guy's. We have before sketched his portrait. His chief forte is anatomical demonstration, but his lectures on clinical surgery are also very happy efforts. Mr. Cock is his colleague, who, with Mr. Hilton, also gives the demonstrations. He is a great favourite with the pupils, and, notwithstanding a troublesome impediment in his speech, is an excellent lecturer. No one can misunderstand him.—The rivals of these gentlemen are Messrs. Macmurdo, F. Le Gros Clark, and Benjamin Travers, junior; of these Mr. Clark is the most general favourite. His descriptions are clear, and his delivery,—though rather too rapid,—very easy. Mr. Travers is improving, and will, with time and study, make a very respectable lecturer.—To pass from Anatomy to Surgery, Messrs. Key and Morgan give the course at Guy's; Messrs. Travers and Tyrrell at St. Thomas's. These lectures are all good, because, what is rather uncommon with the genus, they know their subject practically. Mr. Key has a very animated delivery, and is decidedly the favourite of the four. Mr. Morgan is so intensely rapid that very few can follow him. Mr. Travers is studied and heavy, and Mr. Tyrrell, notwithstanding a very monotonous tone of voice, always conveys many practical hints of value to his hearers. The surgical class at St. Thomas's is the only one in London in which a prize is not given. This meanness is only the more noticeable, when contrasted with the liberality of their colleagues, and their rivals at Guy's.—Drs. Bright and Addison give the course on the practice of medicine at Guy's; Dr. Williams at St. Thomas's. This class is the only one in which the latter school has a decided superiority over the former; in most others it is very inferior. Dr. Bright is a very heavy, conceited person, and Dr. Addison a blustering bundle of loquacity.—Vox et præterea nihil. He will lecture for an hour on the causes of a catarrh, or the distinction between lepra and psoriasis. Dr. Williams is very superior in every point. His lectures always contain a clear epitome of his subject, illustrated in the most interesting manner. He collects materials from all sources, and fulfils the true office of a teacher in rejecting the froth and scum, and presenting the truth as far as it is known to his class.—Mr. Leeson gives the Chemistry at St. Thomas's; Mr. Taylor at Guy's. The apparatus of both is very extensive, but we prefer the lecturing of the latter gentleman.—Dr. Burton takes Materia Medica at St. Thomas's; Dr. Addison at Guy's. Here the latter school has also a decided advantage.—Dr. Ashwell is the Obstetric Professor at Guy's;

Dr. Cape at St. Thomas's. We have before sketched Dr. Ashwell. He is a very second-rate lecturer, but far superior to Dr. Cape, who is the worst we ever heard, whether we regard matter or delivery.—Any one, on reviewing the talents and attainments of these gentlemen, will be convinced, that were it not for the patronage and family influence by which they are elected, other and abler men would fill their places. The evil extends through the whole system, and the science of our country is degraded by the station which is awarded, not from merit, but for interested and party purposes. Men scarcely a shade above mediocrity, and others far below it, are placed in the most honourable situations, and their profession dishonoured and disgraced. We firmly believe, that had the two last appointments to the Medical Staff of Guy's, and the three last at St. Thomas's, been awarded according to the merit of the individuals, not one of the gentlemen now holding those offices would have been elected. They have not a quality, natural or acquired, which would render their election justifiable, in preference to others whom the vicious system of appointment denied all chance of election.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 30th May, 1840:—

Epidemic, endemic, and contagious diseases	265
Diseases of the brain, nerves, and senses	156
Diseases of the lungs, and other organs of respiration	275
Diseases of the heart and blood-vessels	16
Diseases of the stomach, liver, and other organs of digestion	57
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c. .	10
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	1
Diseases of uncertain seat	102
Old age, or natural decay	79
Violent deaths	26
Causes not specified	13

Deaths from all causes.....1013

House of Lords, June 5.—Lord SEGRAVE presented a petition from the Medical Practitioners of Stroud and the neighbourhood, praying for Medical Reform, and one from the same body praying for the substitution of vaccination for inoculation. The Marquis of BREDALBANE, the same evening, presented a petition from Perth, praying for Medical Reform.

We regret to learn that the funds of the Dundee Infirmary are again in a very depressed state, and that the Directors have been compelled to contract debt to a considerable amount.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY WILLIAM LAWRENCE, F.R.S.

VASCULAR SYSTEM.

WOUNDS OF ARTERIES, AND VARIOUS METHODS OF ARRESTING HÆMORRHAGE.

Loss of blood, or, as it is technically called, *hæmorrhage*, is one of the circumstances attendant on wounds which is sometimes dangerous, and even fatal; while it is always alarming to patients and to those around them, especially if they do not understand what ought to be done. The danger of bleeding is not confined to the very time at which the injury is received, or immediately after it; for the bleeding that immediately follows a wound may stop, but the hæmorrhage may be renewed at some distance of time, and the patient may die from its recurrence. Hence it is of great importance to adopt immediately such effective means in the wounds of blood-vessels as shall prevent these dangerous consequences. Ancient surgery was very defective in this respect; for although we find in Galen and in other writers mention made incidentally of tying arteries, it does not appear that the practice was adopted generally; it seems, indeed, to have been rarely employed, and not to have passed into general use, which we should expect that it would have done, if the nature of so simple and effective a mode of proceeding had been well understood. Thus we find that the older surgeons, for the purpose of arresting hæmorrhage, employed *compression*, the application of substances possessing or supposed to possess *styptic* properties, and even the *actual cautery*. Now we cannot wonder that they were afraid of performing any of the great operations, when their means of remedying bleeding were so very imperfect—when the only way in which they could prevent a person from bleeding to death, after amputation for example, consisted in burning the surface of the stump, in order to sear and close up the divided vessels.—The celebrated French surgeon, Ambrose Paré, has the honour, if not of inventing, at all events of re-introducing into practice, and bringing into general use, the plan of tying wounded blood-vessels;—and when we consider how important this is—how much better many operations must have been performed with the advantages derived from this mode of arresting the hæmorrhage, and how much simpler the treatment of wounds must have been under this mode of proceeding, we cannot be surprised that this surgeon should have considered that the thought of employing ligatures came to him by a kind of inspiration.—The process adopted by nature for arresting hæmorrhage, and the mode in which ligatures act in accomplishing the same purpose—in fact all the circumstances connected with bleeding, and the mode of arresting it, have been very carefully investigated in modern times, so that we may consider this part of surgery as brought nearly to a state of perfection.

ARTERIAL HÆMORRHAGE.

Arterial hæmorrhage is distinguished from venous by two circumstances—*first*, by the colour of the blood, which is a bright scarlet; *secondly*, by the circumstance of it being thrown out in jets. A wounded artery is said, technically, to bleed *per saltum*, which means by leaps or jumps. Now we cannot understand this phrase quite in a literal sense, for the blood is not thrown out exactly in a series of single projections: the stream of blood from a wounded artery, like that from a wounded vein, is uninterrupted; but the stream rises higher, or is projected further from the body at each time that the left ventricle acts. There is no interruption to the stream—there is a constant current of blood issuing from the artery; but it is thrown

forward more forcibly at every contraction of the left ventricle of the heart. The quantity of blood that is lost in a given time, and the effect which the loss of blood will produce on the system, depend chiefly on the size of the vessel that is wounded. A complete division or large wound of the femoral or the radial artery, of the common carotid, or external or internal carotid, generally produces so great a loss of blood within so short a time, as to be suddenly, in fact almost immediately fatal. This observation you will not understand to be invariably and universally true; for the bleeding of a wounded vessel is in some measure modified by the nature of the division of the external parts. If the external wound be free, so as to allow an easy escape to the blood, then a wound of the vessels I have mentioned to you will be suddenly fatal; but if the external wound be small, so that the escape of blood is impeded, then the event may be different; and indeed I remember to have seen a case in which the brachial artery was cut across on the inside of the arm, at the same time a free division was made of the external parts, where there was a considerable loss of blood, so that the individual fainted; but the orifice of the artery was now tied, and the patient did not die from the bleeding.—Sometimes from a wound of one of these vessels the patient dies almost immediately; in other instances death does not take place quite so suddenly. Thus in an instance where the ligature came off the femoral artery after amputation, the gentleman in whom it occurred made a noise, which roused the nurse who was in his room, but by the time she had come to the side of the bed—he was dead; a profuse flow of blood had taken place, and the gentleman probably died in the course of one or two minutes. I remember an instance of a ligature giving way from the femoral artery in a lady in whom it had been applied for an aneurism, and in that instance death did not ensue till about an hour after the accident.—When an artery of the second order is wounded or divided—for instance, when either of the three arteries of the leg, the anterior or posterior tibial, or the peroneal; or any of the three arteries of the forearm, the radial, the ulnar, or interosseous; or any of the primary divisions of the external carotid—profuse hæmorrhage ensues, and a considerable quantity of blood is lost in a short time; but the individual faints, the bleeding stops, and death does not ensue immediately; the patient recovers, bleeding will come on again, and at a distant time repetition of bleeding may take place, and thus the patient may be destroyed ultimately by the repeated losses of blood.—When arteries of smaller size are divided, they bleed more or less freely at the time; but the hæmorrhage ceases spontaneously, and no further ill consequences ensue. It may sometimes happen that a wound of an artery of the second order, such as the radial, the ulnar, or the interosseal, or one of the arteries of the leg, may not be attended with an ultimately fatal effect, although no means are adopted to stop the hæmorrhage; the bleeding may stop, and the orifice of the artery may be obliterated by a natural process, without any recurrence of hæmorrhage. In the case of amputation of a limb, we see the remark that I have now made exemplified: we find it necessary to tie, perhaps, from one to six arteries—but the rest, which must of course be extremely numerous in a wound of this kind, cease bleeding of themselves, and no further hæmorrhage takes place from them; they cease to bleed spontaneously—certain changes occur by which the hæmorrhage is arrested. Sometimes in the amputation of the thigh, we are only obliged to tie the femoral artery. I have known an amputation of the fore-arm and only one artery tied; and also only one tied in the amputation of the leg; the hæmorrhage from all the rest having been arrested by the spontaneous process.—You will, then, naturally inquire how it is that the bleeding of a wounded artery stops spontaneously? What is the course adopted by nature for arresting the flow of blood under these circumstances? The orifice of the divided vessel contracts, becomes smaller and smaller, and ultimately seems to close entirely. This natural contraction of the divided orifice of the artery is favoured by exposure to the air, or by the application of cold water by sponging; so that when we have

exposed a wound, such as that made in removing the breast, or the wound of amputation, we shall, perhaps, find that the bleeding has entirely ceased. But when we bring the parts together, and more especially if they are covered by a considerable quantity of dressing or cloths, so as to produce heat, hæmorrhage will recur again from the vessels that had previously ceased to bleed. Then at the same time that the divided orifices of the vessels contract, the blood coagulates in their extremities, and a clot forms which resists the efflux of blood from the artery. A third circumstance has been mentioned as contributing to the natural suspension of hæmorrhage—namely, the retraction of the divided artery into the cellular sheath that surrounds it. This has been observed in experiments on animals; and I must state to you, that those changes on which the natural suspension of hæmorrhage depends, take place more powerfully in animals than they do in the human subject. The brachial, the femoral, and the common carotid arteries, may be divided in the dog with impunity. Generally a considerable gush of blood takes place from these vessels; but the effusion of blood diminishes, then stops, the artery is closed, and the animal recovers. Under such circumstances, it is found that the ends of the divided vessels are retracted. You are aware that arteries are generally surrounded by a loose cellular texture, which connects them to the surrounding parts. This cellular texture is very loose, and admits the ends of the vessels. Now the vessels which are divided being withdrawn to a considerable distance from each other, under such circumstances, when blood is effused from a divided artery, it passes into the cellular sheath, and coagulates. This forms a plug at the external orifice of the vessels, which assists in arresting the hæmorrhage.—Now it is difficult to say whether this process takes place in the smaller arteries; indeed I apprehend we may say clearly that the cessation of hæmorrhage does not, in them, depend upon this process; for you observe, in amputation, the flow of blood taking place from an artery in a considerable stream, which gradually diminishes in size till it stops, although the orifice of the artery is still in view, and therefore not at all retracted. We see, however, that where the arteries are seated in textures of a dense unyielding kind, they bleed more obstinately, the hæmorrhage is not stopped so quickly as when they are seated in textures of a looser sort, that admit of their retraction. Thus, in an operation on the female breast, when a part of the mammary gland is divided, we shall find that small vessels will continue obstinately bleeding in the dense texture of the gland, so that we are obliged to put a ligature to them. The dense, compact substance by which they are surrounded, prevents them from retracting. The same has been observed in the skin. You sometimes find a small artery in the texture of the skin continue bleeding, under circumstances where the arteries in a loose tissue would stop naturally. It is not impossible, therefore, that the retraction of the orifice of a wounded artery, in certain circumstances, may contribute to the suspension of hæmorrhage. Such are the circumstances which are considered to take place as the natural means of arresting bleeding. The contraction of the orifice, the coagulation of blood within it, and the retraction of the end of the vessel into the cellular sheath; and by means of this process, in many instances, hæmorrhage naturally stops, in complete division even of arteries of considerable magnitude.—I should, however, have observed to you, in respect to the natural means of stopping hæmorrhage, that those changes on which the effect depends are materially favoured by the state of faintness which is produced by the loss of blood. The diminished force with which the blood is projected into the arteries, under the state of faintness, assists in the natural changes by which hæmorrhage is stopped. The coagulation of the blood particularly, in the orifice of a divided vessel, takes place more favourably under the reduced strength of the circulation. For this reason the condition of faintness may be considered as one of the natural means by which hæmorrhage is stopped; and hence, under ordinary circumstances, we should not be at all alarmed by its occurrence; we should

not immediately attempt, as persons are apt to do, to raise the circulation by the administration of stimulants. Under such circumstances, we should rather regard the occurrence of fainting as part of the natural process by which the hæmorrhage is to be arrested.

The surgical means which are adopted to stop the flow of blood from divided arteries, may be arranged under three heads—*pressure*, *styptics*, and *ligatures*.

In the alarm which persons entertain, and almost instinctively feel, at the occurrence of serious hæmorrhage, those who are ignorant of anatomy and physiology seem to lose their presence of mind completely, and to neglect even the most obvious means for arresting the flow of blood. Although considerable vessels may have been divided, they might be stopped simply by the pressure of the finger; and yet persons see the blood flow from such a wound and do not take this obvious means of arresting it. Pressure with the point of the finger on the orifice of the divided vessel, or on the wound if it be small, or tying a handkerchief round the wounded part with some tightness, will at all events arrest the blood for a time, till more effectual means can be adopted. Heretofore, when the application of ligatures was not understood, pressure was one of the principal methods, not merely as a *temporary* means, but for *permanently* arresting hæmorrhage. Sponge, or lint, or portions of linen, were laid upon the opening of a divided vessel, or wound; and these were bound firmly on the part by bandages; this pressure being continued until the wounded vessel was supposed to have united. It is very difficult to apply pressure to a wound of any considerable artery, so as to command the flow of blood through the vessel in such a way as is necessary, in order to accomplish the perfect cure of the wound. It is difficult to apply pressure in such a manner as to keep up permanently the degree of force on the wounded part necessary to accomplish this purpose. There are but few situations in which an artery is so situated, in respect to some bone or other firm part, as to admit of being effectually compressed; and if we use a degree of force in the application of bandages, sufficient to bring the sides of the wounded artery together, we shall compress the whole of the limb in such a way as to endanger its mortification; at all events, the application of pressure in this way irritates the wound, tends to produce inflammation in it, and will cause swelling of the limb generally. Thus it will bring on a state of the wound and of the limb in which the disposition to bleeding will be increased rather than diminished, while the slightest motion of the limb will be sufficient to disturb the pressure upon the wounded artery; so that, for these various reasons, pressure can by no means be trusted to as an effective method of arresting the flow of blood from an artery of considerable size. It is found, indeed, so very insecure, that it has generally been abandoned as a permanent means of arresting hæmorrhage. There may, perhaps, be some few instances in which pressure may be employed, but they are by no means frequent. In wounds of the temporal artery, more particularly in opening that vessel to take away blood, the artery being situated on a bone, it can be pretty effectually compressed; and in this case we find that pressure may answer the purpose. In a small wound of a large artery it is sometimes found that pressure will answer the desired purpose; and, as an example of this, I may mention the wound that is occasionally made in the brachial artery, in the operation of phlebotomy. I remember seeing an instance in which there was every reason to suppose that the brachial artery was punctured—that is, when the vein was wounded in bleeding, there was observed to come out from it a stream which was partly of a bright scarlet and partly of the dark colour of venous blood. The contrast in the colour of the two component parts of the stream was so great, that there could be no doubt upon the subject. However, in this instance, the quantity of blood that was desired was not obtained by the opening of the vein, even with this additional aperture of the artery; the blood stopped of itself, before as much had flowed as it was wished to take. A compress was placed

upon the wound, and large portions of folded lint were applied, gradually increasing in size, so as to form a thick graduated compress over it. Another covering was laid along the trunk of the brachial artery, and this firmly bound on, a bandage being applied from the wrist upwards over the whole of the limb. This was the mode adopted for producing pressure in the instance that I have mentioned, and I may observe that it was completely effectual; no further loss of blood took place, nor did any aneurismal swelling occur. There may, therefore, be some few instances which will constitute exceptions to the general rule respecting the application of pressure as a means for arresting hæmorrhage from a wounded artery.—It has been said, that pressure may be employed where hæmorrhage takes place from a number of small vessels. I believe you find in general, under such circumstances, that the most advantageous mode of proceeding will be to expose the wound freely to the air, and sponge it with cold water. That generally succeeds in checking the flow of blood from small vessels. It has also been said, that pressure may be adopted where bleeding takes place from a surface generally. This, in fact, is hardly an example of arterial hæmorrhage; but it sometimes happens that the blood seems to flow almost generally from the whole of a denuded surface. This is what the French call *suintement de sang*. It is possible that there may be circumstances of that kind, under which pressure may be sufficient to restrain hæmorrhage, but you will immediately observe that these are different cases from those to which our present observations apply, viz., wounds of arteries.—I may state to you generally that pressure is neither a secure, nor in any respect an eligible means of restraining hæmorrhage, when it proceeds from an arterial trunk of considerable size. As a *temporary* mode of arresting hæmorrhage, we may adopt pressure of the arterial trunk of a limb above the situation where the wound has been inflicted. Thus, if a wound be received in any part of the thigh, you press the femoral artery where it passes the crural arch of the groin. In the same way you employ pressure, with the tourniquet, to restrain hæmorrhage during amputation. This is a mode of stopping the flow of blood at the time, and I may mention to you that pressure employed in this way is a complete and effectual mode of checking hæmorrhage at the moment; and I state this the rather because a very ingenious and lively writer, and indeed a man of great talent, took much pains to convince the world that we could not, by pressure, command the flow of blood through a large artery. I allude to the late Mr. John Bell. His doctrine was, that we could not succeed in stopping bleeding by pressure upon the arterial trunk; and he says, that when a person presses on the groin, the blood flows through the artery just as if no pressure were made. How he came to this conclusion I am at a loss to understand, for I know this, that you may take the iliac artery between the finger and thumb, and command the flow of blood through it without great force; and in other circumstances it is well known (as in the amputation of the shoulder joint) we trust to the pressure on the subclavian artery to command the flow of blood, and we find the pressure perfectly effectual. In cases of wounds, either in the arm or leg, where bleeding has occurred, and we suspect it may occur again, we sometimes employ the tourniquet, leaving it round the limb, to be tightened if bleeding come on. But the pressure thus applied can only be continued a short time. The tourniquet affects the circulation of the blood through the veins as well as arteries; it produces swelling of the limb; and if you continue it, the swelling so produced becomes painful—in fact it produces a state of the limb which will terminate in mortification. This kind of pressure, therefore, is only to be regarded as of temporary application.

Great confidence has been placed on the operation of substances called *styptics* in arresting bleeding. The exposure of a wound to the open air, and the application of cold to it by sponging with cold water, have a powerful influence in checking bleeding; and thus far these may be considered as styptics. But when we speak of styptics technically, we mean certain substances which are sup-

posed to act in effecting a contraction of the orifices of the divided vessels, and thus stopping the flow of blood through them—substances of an astringent nature. Alum, and the sulphate of zinc, are perhaps those on which the most reliance can be placed. Oil of turpentine has been used for the same purpose, but probably there are no substances that are more certain, as styptics, than a saturated solution of alum, or the sulphate of zinc. We cannot, however, rely upon these, or any other styptics, for arresting the bleeding of an artery of considerable magnitude. They may check bleeding from small vessels, but it would be extremely unsafe to trust to them in a case where an artery of any magnitude, such as the radial, the ulnar, or, I might say, one of the digital arteries, was divided.

There are certain cases where divided vessels, in consequence of being deeply seated—so placed that we cannot get at them without cutting or interfering with parts of importance; there are, I say, certain cases of this kind in which we might depart from the general rule, and employ styptics; but then the employment of such means constitutes an exception from the general proceeding. On such an occasion I should, for my own part, be inclined to employ, in preference to other means, a saturated solution of alum; and the mode I should adopt would be to dip lint into the solution, sponging the wound clean, so that I might lay such lint upon the vessels that were bleeding, and then placing compresses externally; so that by means of a bandage over all, the wound might be subjected at once to the combined influence of the styptic and pressure. Under certain circumstances, perhaps this mode of proceeding may be eligible. I have known bleeding that has been troublesome stopped by the application of a piece of lint dipped in alum and Armenian bole, in equal parts, and finely powdered. Both these have been supposed to possess styptic properties; and when lint, dipped in them, has been bound upon the part firmly, the blood will form an encrustation, or cake, over the surface, which is allowed to remain till the danger of hæmorrhage shall have gone by.

The only safe mode of proceeding, however, in order to restrain hæmorrhage of wounded arteries, is *the application of a ligature*. You will readily understand, that if the orifice of a divided artery be firmly tied, no blood can flow from it. The application of a ligature, therefore, is an effectual remedy for bleeding at the moment, and is followed by such changes in the state of the part as prevents any subsequent recurrence of hæmorrhage. The ligature which is applied separates of itself from the vessels at various periods of time, from four or five days to three or four weeks; and when we come to examine the end of the vessel on which the ligature has been applied, we find it is firmly closed; and, in fact, not only that the divided orifice is united, but that a portion of the tube, extending from the ligature up to the situation where the first branch is given off from the artery above the wound, is not only contracted but obliterated, and converted into a firm round substance. Such is the effect of the application of a ligature to an artery: so that you observe it is very effectual, not only as an immediate means of arresting hæmorrhage, but as also preventing the future recurrence of bleeding.—Now when we apply a ligature to an artery, supposing we employ one of the ordinary kind, and supposing we employ the degree of force that is commonly used in tightening them, the effect that we find produced is, that the two inner coats of the vessel, namely, the internal and middle coats, are divided or cut through. When you take off the ligature, after having drawn it in this way, and look at the vessel that it has been applied to, it appears as if you had cut through these coats with a knife. The external, or cellular coat being of a much tougher nature, is not divided by the application of the ligature; it is so firm in texture that it cannot be divided by any degree of force that you can apply. Such is the effect usually produced by tying a ligature round an artery.

[Mr. Lawrence here illustrated the immediate effects of the ligature by tying portions of various arteries, and exhibiting them.]

Thus you have an incised wound, if you may so call it, in the internal and middle coats of the vessel, and you have the edges of the wound kept in contact by the application of the ligature. The same circumstance takes place here as in the case of a wound of any other of the soft textures of the body; that is, coagulating lymph is effused; it becomes organized; and thus forms the medium of union by which the sides of the vessel are permanently held together and closed; it is, in fact, just the same process that takes place in a wound in any other soft part. The accomplishment of this process, in the case of a wounded artery, is assisted by the coagulation of the blood in the extremity of the wounded vessel. The blood being at rest in the extremity of the vessel, coagulates, and the clot that is thus formed protects the extremity of the artery during the time that the effusion of coagulating lymph, and its subsequent organization, are going on. The clot of blood within the vessel prevents the effused coagulable lymph from being washed away; it prevents the union from being disturbed by the impetus of the circulation; it is, therefore, an auxiliary circumstance in the natural process of which the union of the divided artery depends, but it is not absolutely essential to it. We find that this coagulum extends up to where the first collateral branch is given off;—now it may happen that a vessel may be wounded or tied close to the origin of a branch; in that case no coagulum forms on the inside, and yet the vessel may be united. But it must be observed, that the process of union is more precarious under such circumstances; it is more liable to be injured; and the instances in which secondary hæmorrhage takes place are more common.—When we see the mode in which this operation is to be effected, we can easily determine what kind of ligature should be employed in tying the arteries, and in what mode they should be used. Your object is of course to produce a small and clean cut of the internal and middle coats of the vessel. For this purpose we use a small, round, and firm ligature; for a ligature of that kind will produce a neat and clean cut. If you use a large ligature, you not only divide the internal and middle coats, but at the same time bruise them, and produce a considerable detachment of the external coat. You will find in the aorta which I tied with a rough piece of string just now, that the internal and middle coats are considerably separated from the external coat; and, in fact, if you were to use a ligature of this kind, and put it on an artery, it is by no means impossible that you would divide the external coats also with it. The ligature, then, that you employ may be made of any substance you like, provided it possess these properties,—small in size, firm, and round. Silk ligatures, perhaps, will answer best, and usually that kind of silk which is called in the trade “dentists’ silk,” which is dense and firm, is preferred. If you use that, you can scarcely break it by any force you can employ with the fingers and thumbs.—Heretofore, before the process by which the suspension of hæmorrhage and the union of vessels was understood, it was very commonly recommended to employ large flat ligatures, and not to draw them very tight, but merely to draw them so as to approximate the sides of the vessel without actually cutting them; indeed, it appears that the fact of the division of the internal and middle coats by ligature, was not noticed till the time of Desault. Dr. John Thompson, of Edinburgh, by whom this fact has been stated, mentions that he learnt it from Desault, and it was not generally known here till it was stated by him. You will observe, therefore, that the recommendation of the employment of large ligatures, and the injunction to draw them only so as to bring the sides of the vessels into contact without injuring the coats, proceeds on an ignorance of the process which takes place in arteries that have been tied.—I would not venture to say that an artery may not actually be cut through by a ligature drawn very tightly under certain circumstances. There are conditions of the arterial coats, especially in old persons, in which a deposition takes place,—a kind of cartilaginous substance is formed, or the artery becomes otherwise changed in such a way as to lose more or less of its natural elasticity and power of resistance. They become more brittle

than natural, and it may be possible, therefore, that the arteries, when they have thus been changed, may, by the application of a large ligature drawn with great force, be cut through altogether. I have been speaking of instances in which we have occasion to employ ligatures in consequence of wounds, whether accidental or from operation, such as amputation, and I can venture to state that the smallest of the silk ligatures which I have shown you, may be applied safely with the utmost degree of force that you can give it with your fingers, without the risk of cutting through the whole coats of the vessel, though you observe it will divide the internal and middle coats in the way that I have already pointed out.—The ligature should be applied to the arteries alone, and ought not to include any other part. If you include the surrounding parts, such as a nerve, a vein, or any other substance, you cannot calculate so confidently on producing the particular effect which you wish to produce on the artery; and if you include nerves or veins, you run the risk of serious ill consequences of another kind. It is desirable, therefore, in all cases to apply the ligature to the artery alone. This can easily be done in arteries of large size, because they are surrounded by a loose cellular sheath, which admits of their being drawn out from the surrounding parts by an ordinary pair of forceps, or an instrument called a *tenaculum*. You take hold of the end of the wounded vessel, draw it out, and apply the ligature immediately in contact with it, previously separating with your nail the vein or nerve accompanying the artery. The ordinary forceps is used for this purpose, or the *tenaculum*, which is a pointed instrument, semicircular in shape,—or there are improvements of the *tenaculum*, one of which bears the name of Assalini's, which is so contrived as to admit of being employed to take up the arteries when you have not got an assistant: you take hold of the artery with the instrument perpendicularly, and it will keep its hold: there is a spring by which the branches of the instrument are kept together, and it will take up a very small vessel.—[Mr. Lawrence here showed two instruments, one of the description just mentioned, and one where the branches were kept together by a slide, by which he said the orifice of the vessel might be securely held.]

With respect, then, to arteries of such a size as to admit of being drawn out, you use the forceps more especially for that purpose. In instances of arteries that run in the substance of muscles, or those that run in the texture of parts of a more solid kind, you find it necessary, with a sharp *tenaculum*, to transfix the orifice of the artery with some portion of the surrounding textures, including as little of them as possible in your ligature. When you have secured the bleeding arteries in this way, you generally cut off one end of the ligature close to the knot, leaving the other entire, and hanging out of the wound, and when by the process of separation the ligature has been detached, it falls off of itself. It is expedient generally to leave the ligature till it is thus naturally detached. In the case of an artery of large size, if you wished to draw the ligature off, and were to use force in pulling it away, you might disturb the end of the vessel, and thus interfere with the process going on for closing its orifice. The ulceration of the external coat of the artery, by which the ligature has been detached, takes place, as I mentioned to you, within various periods; it sometimes occurs in as short a period as five or six days, and sometimes it takes three weeks or more. If the separation of the ligature is delayed beyond that time, you may draw it slightly each day, till you find it gives way and comes off.—Attempts have been made to get rid of the irritation which the presence of a ligature in a wound creates, by cutting off both ends close to the knot; and I have done this in many instances after amputation, castration, removal of the breast, operations for aneurism, and various others, and I have not seen any ill consequences result from it. In many instances of that kind the wound unites, and the ligature seems to remain in the situation in which it was left, without producing irritation. In some cases, after a short time, a small point forms at the edge of the cicatrix, and a little matter escapes, and

the ligature comes away. In every instance where you see a reason to expect that the wound will not unite by adhesion, you can cut off the two ends of the ligature and leave the knot in the wound, because the knot then comes away in the suppuration. If the wound is likely to unite generally by adhesion, perhaps, on the whole, the best and the safest method is to cut off only one end of the ligature, and leave the other hanging out of the wound.

SPIRIT OF THE MEDICAL PRESS.

INFLUENCE OF PROFESSION ON THE DURATION OF LIFE.

WITHOUT making any prefatory remarks, we present the following table as conveying the results of Dr. Bellefroid's calculations, founded upon the data of numerous registries, and communicated by him to the *Bulletin Medical Belge*.

Calculated from the 28th year of age, the probability of life may be estimated in—

	Years.
Catholic priests to be to the age of....	69
Protestant clergymen	65
Savans	66
Professors in Universities	63½
Military Officers	64½
Poets	61
Artists	62
Farmers	64
Merchants	64
Physicians—theoretical	64
Physicians—practical	60
Female Artists, Literary Characters, } Actresses, &c..... }	63½
Barristers	62
Kings	56½
Mendicants	56

As an appendage to the preceding table, we may state that it has been estimated that thirteen only out of a hundred kings attain the age of seventy years; whereas to the same period of life not fewer than 46 Catholic priests, 41 savans, 37 farmers, 36 military officers, 33 professors, 29 barristers, 26 physicians, and 21 mendicants, are calculated to survive; the date, from which the calculation is taken, being usually the 21st or 22nd years of life.—The general conclusions to be derived from these data must be at once obvious. The average life of kings is short, compared with that of clergymen and philosophers, who—

Along the cool sequestered vale of life,
Have kept the noiseless tenour of their way.

And who can wonder at this, when they consider the career of the former; their life being one of ceaseless and most fatiguing excitement; minds as well as bodies inflamed by ever-recurring sensual enjoyment, and exhausted by the constant turmoil of unrestrained passions? Tossed about between the extremes of joy and grief, it is only by stealth, as it were, that they can taste that peace of heart and that silence of the feelings which are so essential to the calm and unconscious flow of life. How different the career of the contented Catholic priest! The temperance, the chastity, the absence of all the violent passions, associated too with a due activity alike of the body and of the mind—these are the elements of the healthfulness and longevity of such a profession.—If we now turn to the life of poets and artists, we find that on the whole they too do not live so long as clergymen: the excitability of their passions, and the over-vivacity of their temperament, being doubtless unfavourable to the tranquil movements of prolonged health.—We may be at first surprised to hear that military officers are among the most favoured of the classes, and also that the life of barristers is not so good as that of artists and poets. But we should remember that the above table comprises

only the superior officers, who are almost always 30 years of age or upwards when they attain to high rank in either service; and that many barristers are not more than 20 years of age, and scarcely any exceed the age of 25, when they become so.—Let us now hear what M. Bellefroid says about the *doctors*.

"Their profession," he remarks, "does not make any great demands on the imagination; and moreover the mental effort expended upon its pursuit has no tendency to exhaust the mind. With medical men it is rather the machine, the body, than its moving principle, the soul, which wears itself out: *aliis inserviando consumuntur, aliis medendo moriuntur*. The physician is exposed to all sorts of revolutions of his material life; his sleep is apt to be disturbed, his meals to be interrupted; his sensibility is often wounded by a constant spectacle of human suffering and distress; his life, in short, is a ceaseless travel through hot and cold, dry and wet; and at the end of all his anxieties and fatigues, his recompence is too often a miserable fee; and if it is sometimes given with marks of gratitude, this is quickly forgotten when health is restored!"

Das ist ein Leben, das heisst ein Leben!"

From the preceding memoranda the reader will doubtless agree, that he who desires long life, should pray to be neither a king nor a beggar. In another part of his communication M. Bellefroid remarks, that the average life of mendicants, if taken at 25 years of age, is nearly 55 years; whereas that of the kings of France has not exceeded 48 or 49 years, and it is almost as long as that of German physicians and of English poets.—"To live long one should have neither poverty nor riches;" not a pampering superfluity on the one hand, nor a pinched insufficiency on the other; and withal have not too much pity, nor too lively an imagination; lastly, *he should not be a physician*.—"This prescription," adds our author, "is infallible."

INFLUENCE OF EASE AND OF POVERTY ON THE DURATION OF LIFE.

THE following brief table, drawn up by M. Benoiston de Chateaufneuf, is more impressive on this subject than the most elaborate disquisition. According to his researches the mortality per cent. among the rich and poor may be estimated as follows:—

Age.	Rich.	Poor.
From 25 to 40 years	2,05	5,50
40 to 50 years	2,44	4,26
50 to 60 years	3,49	7,18
60 to 70 years	7,37	15,01
70 to 80 years	14,89	28,73
80 to 90 years	27,87	0,00

It has been calculated that in Paris there does not survive one pauper person beyond 80 years of age; whereas, among the richer classes, there are not a few octogenarians.—Our author sums up his remarks with the following conclusions:—

1. That poverty exercises a directly injurious influence on the duration of life.
2. That at least 28 per cent. among the poor die from this cause before the fifth year of life, and even more than this proportion where fecundity exists among a population.
3. That however, when all other circumstances are alike, there is a rather smaller mortality among the poor than among the rich between the 20th and the 30th year of life.—Our author attributes this somewhat unexpected result of his inquiries to the pernicious effects which flow from the facilities which the rich have of gratifying their passions, during the epoch when these are most vehement.—Lastly, that fewer die from poverty in an agricultural than in a manufacturing population.

ON THE VALUE OF ERGOT OF RYE.

To the Editor of the 'Medical Times.'

SIR,—Should the following remarks and cases appear of sufficient practical importance, your insertion of them in your valuable columns will oblige, sir, your obedient servant,

T. H. WARDLESWORTH, Surgeon.

Rochdale, May 12, 1840.

It gives me great pleasure to find that the veil of prejudice which has so long existed against the use of the ergo vel ergotâ is rapidly disappearing, and more are now becoming its votaries. In the Thesis, by — Wright, Esq., which appeared in the 'Edinburgh Medical and Surgical Journal,' for Oct. 1839, and Jan. 1840, he has therein stated as his opinion, that the ergot is a most valuable acquisition (when properly used) in promoting uterine action. This perfectly coincides with the opinion I have formed respecting the action of this important obstetric agent. A great deal has been written on the use and abuse of the ergot, yet all acknowledge, who have given it to any extent, that it is a most powerful and energetic remedy in aiding the parturient process. If 15 grs. of the P. Ergot be administered to a woman in labour, supposing at the same time the os uteri to be dilated to the size of sixpence, irregular in its edges, thick, and unyielding, membranes unruptured, &c., &c., I have found, even under these unfavourable circumstances, that pains of a uterine character, evidenced by the pain being referred to the pubic region, striking from thence through the back, generally coming on from about ten to fifteen minutes from the time of its being given, which pains were frequently slight at their commencement, and occurred about every two or three minutes, and kept gradually increasing in strength and frequency, until the os uteri was dilated to the size of a crown-piece, its edges having become more regular, thinner, &c. The pains then gradually diminished in frequency, or altogether subsided. To cause a renewal of the uterine action, I, in some cases, have had recourse to rupturing the membranes, which I have found sufficient to again excite the uterus to powerful contraction; yet in other cases I have had occasion (supposing that rupturing the membranes failed to produce the desired effect) to administer the ergot in much larger doses than mentioned above. I have generally given from 3j to 3j, which has invariably caused a recurrence of labour pains. The powerful opposition which the use of the ergot has met with, coupled with the dreadful effects which have been represented to follow its administration, I am confident deters many from using this potent agent. I am inclined to believe that those unpleasant symptoms described by that class of medical men, and whom, for the sake of definition, I shall designate as non-ergoters, have arisen from a deleterious article, therefore the results have not been what they anticipated. Instead of the labour being terminated as represented by all those who advocate its use, the labour has been prolonged, from the use of an article which was deteriorated in quality. For instance, I, a short time ago, received a quantity of ergot, of such a nature that when administered frequently produced either no uterine action, or symptoms of considerable depression of the whole nervous and vascular systems, attested by sinking of the pulse, pallor of the countenance, and general exhaustion, requiring brandy or some other powerful stimulant to arouse the patient. Such being the case, I examined the ergot sent, and found the colour of the infusion was milky, and the ergot partly soluble and partly insoluble, and not that beautiful pink

appearance of the infusion, with total insolubility of the ergot, as produced by it when good. My much respected friend, Dr. M. Ryan, in his valuable work, entitled 'Illustrations of Midwifery,' which is now emanating from the press in monthly parts, speaks highly of the ergot; and he states, that "if administered to women in labour by a skilful medical practitioner, can never act as a poison to the woman or infant." Yet I am not aware that he, Dr. R., or any of the numerous advocates of the ergot, recommend it in the first stage of labour, and at the full period of uterogestation. The inferences I have drawn from a very extensive use of the ergot, in the early stage of labour, are such as warrant me in stating that it may be administered at the very commencement of the process of labour; for I have never seen any bad results arise from using the ergot, when the os uteri has been dilated to no more than the disc of sixpence, thick, and unyielding.—This fact may appear startling to many of your readers, but more particularly to those who have not used the ergot much, and who would rather succumb to the opinion of those who rank high in obstetric literature, and who by their writings have represented that the most direful consequences have arisen from its administration. At the commencement of my obstetrical career, I was frightened into a belief that the ergot when given would cause the effects represented to follow its use, and which belief prevented me for some time from using so important a remedy. From knowing that the constitution might become accustomed to the most acrid poisons, by gradually increasing the dose, I concluded, after a careful and mature examination of the physiological and pathological properties of the ergot on living tissues, that by giving small doses, and increasing the dose (according to the effect produced), the ergot might with equal propriety be given in the early stage of labour; under this impression I put into practice what I considered practical in theory, and was not deceived in my prognosis, as the following cases will testify:—Case 1. Was called upon August 14, 1839, to attend Mrs. L., æt. 46, mother of several children, of a robust habit of body, and of a sanguine temperament. On my arrival, on inquiry I found she had had pains of an indifferent character since the day before. On examination I found the os uteri dilated to the size of a crown-piece; after waiting for some time a pain came on, when on examination the membranes receded before the finger, as if no action of the uterus had taken place, showing imperfect uterine action—R. Pulv. Secale Cor. 3ss; aquæ tepid. 3ss., statim. In a few minutes after its administration the pains became more frequent, and suffice it to say, that in about thirty minutes from the time of its administration, she was delivered of a fine and lively son, weighing fourteen pounds twelve ounces. Both mother and child did well.—Case 2. Mrs. H., æt. 21, a stout and healthy person of a sanguine temperament, in labour of her first child; was summoned to attend her on August 24, 1839. On my arrival, I was told she had been in labour for two or three days, that the pains had generally been of a weak character. On examination I found the os uteri dilated to the size of a sixpence, thin, and yielding: after waiting for some time and no pain occurring, I determined upon giving her the ergot; accordingly I gave her 15 grs. of P. Ergot in 3ss of tepid water; in ten minutes after its administration, her pains became more frequent, and continued to increase in strength and frequency until the membranes gave way. The pains now subsided, and on examination per vagi-

num, I found the foetal head entering the true pelvis, and the os uteri dilated to the size of the palm of the hand. After waiting for more than half-an-hour and no pain recurring, I gave her 3ss. of P. Ergot as before, and in twenty minutes after its being given she was delivered of a fine and lively son. They both did well.

PROVINCIAL MEDICAL AFFAIRS.

BELFAST.—ALARMING STATE OF FEVER.—Fever has become an epidemic in our town, and is raging most fearfully in the lanes and alleys. The mortality is scarcely less than during the ravages of cholera. Whole families are cast down in it at once—they do not receive sufficient care or attendance, and, in most instances, the majority of them fall victims to the malady. The prevalence of the disease is, in a great measure, owing to bad food; but there are other concurrent causes which greatly aggravate the evil. The back streets, courts, and lanes, are in such a state of filth, that the very air is impregnated with infection. A Board of Health has been several months in existence, and still we have not been able to discover any remedy they have applied for these alarming evils.

BIRMINGHAM.—QUEEN'S HOSPITAL.—Thursday, June the 18th, has been fixed as the day, on which to lay the first stone of the Queen's Hospital at Birmingham, an institution in union with the Royal School of Medicine and Surgery, established several years ago in that town. The ceremony will be performed by Earl Howe, attended by the Masonic Brethren of the Province, and the address on the occasion will be delivered by the Rev. V. Thomas. The fundamental laws of the Institution, drawn up on the plan of the London University and King's College, have been carefully revised by Chancellor Law.

IRELAND.—DISTRICT LUNATIC ASYLUMS.—Expenses of the various District Lunatic Asylums in Ireland for the year ending 31st March, 1840, and the number of patients in each at the same date:—

Asylums.	Expense.	No. of Patients.
Armagh	£2,438 10 0	122
Belfast	3,948 17 10	227
Carlow	2,381 7 4	154
Clonmel	2,287 3 3	94
Connaught	3,690 6 6	222
Limerick	5,212 7 1	340
Londonderry ..	3,270 0 0	207
Maryborough ..	2,594 15 4	156
Richmond (Dub.)	5,764 5 8	291
Waterford	2,213 11 6	105
Cork	5,382 16 10	405

Irish Papers.

SHREWSBURY.—SMALL POX.—This disease has of late been very prevalent in the suburbs of this town, and may be attributed to the almost entire neglect of vaccination.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who, having passed the examinations, were admitted Licentiates on Thursday, June 4th, 1840:—

Jonas King.
Samuel Hodgkinson, Norton Grange, Notts.
William Hilbers, East Indies.
Robt. Geo. Fothergill Smith, Portsmouth.
Charles Lawrence Bradley, Greenwich.
John Brunton, West Bromwich.
Thomas Dobson, Leeds.
Allan Borman, Tetney, Lincolnshire.
William Henry Ashley, Brighton.
William Morgan, Breconshire.

TO CORRESPONDENTS.

VERITAS.—We really cannot penetrate into the turbid recesses of Mr. Hale Thomson's mind—if indeed such an ingredient as mind enters into his composition. We are well assured that the mountain is in labour, and are expecting the result of the parturient effort.

RECEIVED FOR REVIEW.—*The Principles of Botany, Structural, Functional, Systematic. Condensed, and immediately adapted to the Use of Students of Medicine.* By W. H. Willshire, M.D., Lecturer on Botany at Charing-Cross Hospital. Pp. 232. Highley.

SCOTTISH UNIVERSITIES.—A return just presented to the House of Commons of the "Miscellaneous Charges, Scotland," states the annual sum paid by Government to the Universities in Scotland at £6,924. This sum is divided in the following manner:—St. Andrew's, 1,010l.; King's College, 955l.; Marischal College, 1,019l.; Glasgow, 1,360l.; Edinburgh, 2,580l.

MR. O'BRIEN'S copy was posted as usual, and must have been lost by the Postmaster, to whom we would advise him to apply. We have no stamped copy of that date, but will send him an unstamped one with pleasure, if he does not object to the postage.

AN ENEMY TO THE HOMŒOPATHIC CLIQUE says, "Your correspondent need not wonder at anything Dr. Currie does, after having issued a pamphlet entitled the 'Annals of the London Homœopathic Dispensary.' A pamphlet containing more egregious humbug than any before written or thought of. Under the tuition of this M.D., a Member of the 'College and Hall' attended a case of violent inflammation of the eye, for which was prescribed one globule of the 30th dilution of nux vomica every two days!!! This globule contains less medicament than would cover the point of a fine needle. The consequence was, that the inflammation went on to ulceration of the cornea, and up to this day the patient, a female, has not recovered the use of her eye. Doubtless, if local or general bleeding had been employed, the patient might now have had the entire use of the organ now utterly useless. Why do not the Fellows of the Royal College of Physicians exert themselves to put an end to the quackery practised by members of their own body? They have the power, why not the will?"

A PHYSICIAN, IRELAND, is thanked for his suggestion, which will not be forgotten.

DELTA.—The article on lighting had previously appeared in the daily papers, and American journals.

A COUNTRY SUBSCRIBER.—Sir Benjamin Brodie is thin, pale, and seemingly dyspeptic; the result, perhaps, of hard professional work, mental as well as corporeal, rather than of natural feebleness of constitution. His countenance is pensive, and verging towards melancholy.—Sir James Clark is rather tall and slender, his countenance open, cheerful, and pleasing, but marked with deep thought; his accent slightly Scottish, but agreeable. His manners are polished. He is the author of a treatise on Consumption.

SUBSCRIBERS to the STAMPED EDITION, wishing to obtain numbers to complete their sets, may obtain them free of extra charge, by giving the order to any bookseller. We keep no stock of stamped copies, because they do not go free by post after the current week. Some of the unstamped numbers are still to be obtained, but they are getting rapidly out of print.

MR. BRADFIELD.—Any misunderstanding was unintentional on our part. The arrangement mentioned is the best.

DR. GOODWIN.—We regret the mistake as to the date. He will perhaps send a Post-office order at the proper time.

T. B.—The cash mentioned was never to our knowledge received. We shall have pleasure in continuing the paper, trusting to Mr. B. to send when due.

RECEIVED.—Mr. Chambers' case of Puerperal Convulsions.—Z. Z.—Student of King's College.

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Orders, Communications, and Books for Review, to be sent, post free, to the OFFICE, Wellington-street North, Strand, London.

THE MEDICAL TIMES.

MOVEMENTS FOR MEDICAL REFORM.

As we are now within a few days of the long promised motion in the Commons House of Parliament, in reference to Medical Reform, it may be well to give some little consideration to the position in which the profession and the public stand in relation to that momentous question. First, let us inquire how the *public* stand affected. With every interest at stake they are almost to a man ignorant of the true state of the question, and of its bearings upon individual happiness. Although many petitions have been sent in, the public, as a body, are far, very far, from being informed upon the nature of the points at issue, and are, consequently, very careless as to the progress or delay. Medical Reform is too apt to be set down as a thing with which "the Doctor" alone has to deal—the *public* forgetting that with the doctor it is, to a certain extent, a question only of emolument—but that to themselves—to the people at large, it is a question of far deeper import, a *question of health, a question of life or death!* As the health and lives of the public must rest in the hands of the medical men, the public welfare demands that the greatest amount of medical knowledge and skill should be possessed by every one practising the healing art—and that all persons not possessing this amount of knowledge and skill should be prevented from practising a science they have given no guarantee of understanding. Hence it becomes of question in which each individual in the community is more or less interested. Every father, mother, son, daughter, husband, wife,—every soul who has another's health to feel anxious about—every one who is desirous of prolonging his own existence, or to be relieved as far as may be from the infliction of 'the maladies that flesh is heir to'—all these are, in fact, vitally interested in the proper government of medical

affairs, in the proper education and protection of the members of the medical profession, and in the elevation of medical practitioners in talent and respectability. The public equally with the profession, should demand the suppression of quackery—the equalization of examinations, and the clear and equitable allotment of privileges. These are points which cannot be too often repeated. The public should be made aware of the stake they have in the question; should be called upon for their assistance and support. The profession must see that this is their true policy, and that Medical Reform is not a party question—is not a Whig or Tory affair, but a subject equally important to all branches and sections of society—a question wide as the great interests of humanity, and embracing in itself the dearest welfare of the whole human race.

The profession in various parts of the country are acting among themselves with great unanimity and vigour, and our Irish brethren are bestirring themselves in a style which does them the greatest credit. At the anniversary meeting of the Medical Association of Ireland, numerous resolutions were agreed to, which do honour to the body from which they emanate. We transfer several of them to our columns as a token of the spirit which is abroad—a spirit which we trust will continue to manifest itself until the wrongs are redressed—

"Resolved—That this Association, in its collective capacity, is *unconnected with any College, Corporation, or Body*, and that it is designed to advance the interests of no party whatsoever, but solely and singly to *promote the welfare of the public and of the members of the medical profession*, without any difference or distinction.

"That the permanent continuance of a body capable of advising and protecting medical men in the discharge of their duties and maintenance of their rights, suited to watch over professional interests, and to be the means of communicating between the profession and the government, is highly desirable.

"That the objects of the Association are—

"1. To form a Society for the protection of medical practitioners in all their just and legal rights.

"2. To seek for a legislative enactment giving a permanent constitution to the profession, and directing a competent and uniform standard of education, and an equality of privileges for all persons who shall, in future, be permitted to practise medicine throughout the empire."

In England we have a number of Associations professing the same wise principles, and striving for the same objects. This is the time for them to bestir—this is the time to be up and doing—and it now becomes a question of the first importance—WHETHER THE PROFESSION CAN CARRY THE QUESTION OF MEDICAL REFORM WITHOUT THE HELP OF THE PUBLIC AT LARGE?

A deputation, consisting of Sir Benjamin Brodie, Dr. Lee, and Mr. Perry, had an interview with the Marquis of Normanby at the Home Office, on Monday

CHEMISTRY, WITH ITS APPLICATIONS.

Polychromic Acid Dye from Aloes.—We have already noticed this chemical discovery, but want of space obliged us to curtail our account, which we now resume. The aloetic acid is first made by putting one part of aloes with eight of nitric acid, at 36 degrees, in a flask capable of containing ten times that quantity, which is to be placed in a sand-bath of moderate heat. The liquor first assumes a very fine green emerald colour, without any sensible re-action, but on raising the temperature the liquor becomes increasingly darker, and the re-action is announced by red vapours, which fill the flask, which must now be withdrawn from the heat.—When the gaseous matter no longer comes over, the liquid is to be put into a largish retort, and a half or two-thirds of it are to be drawn over by distillation, when a yellow powder will be found to have precipitated in the retort. The whole is to be withdrawn, and when cold to be diluted with water. This immediately forms a new yellow flake precipitate, like the first. Both deposits are washed on a filter with hot water, until the liquor and the powder acquire a fine reddish purple colour. When the precipitate is dried, it is of a fine reddish brown colour, which is designated polychromic acid.—This was described by Liebig, as of a fine yellow colour, and was designated "bitter substance of aloes." The first precipitate before the repeated washings is in fact yellow.—In a state of purity it is very bitter and astringent, without odour, reddening turnsole paper without chrySTALLIZATION, and in whatever fluid it may be dissolved, it precipitates in a solid and shapeless form.—At a temperature of from 300 to 400 degrees centigrade, it is instantaneously decomposed, and fuses like gunpowder, with slight detonation. The products, as indicated by Liebig, are gas oxide of carbon, carbonic acid, azote, olefiant gas, hydrocyanic acid, or cyanil, and very little carbonaceous residuum. Projected upon incandescent charcoal, it fuses and gives a purple vapour smelling like cyanic acid. It is little soluble in water at the common temperature, but the small portion that is dissolved will colour a great mass of fluid, which becomes a fine purple: 850 parts of water, at 100 degrees centigrade, are required to dissolve one of acid. It dissolves in 70 or 80 parts of alcohol, of the strength of 36 degrees, at the ordinary temperature. Mineral acids dissolve it by heat, but it is again deposited on cooling, being nevertheless impregnated with the solvent acid, and having acquired a fine yellow colour.—As a dye it promises to be of immense value, inasmuch as the various colours produced by admixture with other substances, or with different mordants, are considered to be very fine and permanent. It moreover possesses the quality of containing much colouring matter in a very small compass.

Quesneville's Revue Scientifique et Industrielle contains a new mode of rendering Paper impressionable to light, for Photogenic Drawings, by M. E. Becquerel. Former papers represented the light parts by shade, and the dark by light; such, for instance, is the effect of one by M. Ponton, made by immersion in a solution of bichromate of potash. The parts exposed to the rays of light become dark, and if in this state the paper be plunged into water, all the bichromate which has not been decomposed and coloured by the ray of light is dissolved, and nothing remains on the paper but the coloured parts.—But we want to produce the reverse of this effect, so as to make the light to produce the

appearance of light on the paper, and the dark to produce shade. For this purpose the photogenic drawing on the paper of M. Ponton is plunged into an alcoholic solution of iodine. The paper then being washed and dried, will have its white parts changed into blue, from the starch in the paper, which is not acted upon by the bichromate of potash, excepting under the influence of light.—To produce a good effect, paper well glued or starched should be used, and the strength of the paper, in this respect, may be tested by dipping a portion of it in alcoholic tincture of iodine, and afterwards immersing it in a large quantity of water.

The *Journal de Chimie Medicale* supplies a mode of detecting the adulteration of the Oils of Olive, or Almonds, with Oil of Poppy, which consists in triturating eight parts of the oil with one part of chlorure of lime, not too dry; four or five hours after agitating the mixture in a cylindrical phial, the oil if pure separates in two distinct layers; the upper one pure bleached oil, the lower one being the chlorure of lime with a part of the oil. On the other hand, oil of poppy, or equal parts of that oil with oil of olives or almonds, treated in the same manner, remains without separation; one-eighth of oil of poppies, mixed with either the olive or the almond oil, manifests not the least separation, until six hours have elapsed, and it is only after eighteen hours that we can separate one-third of the oil of almonds, or one-half of the olive oil.—The adulteration is still more easily detected, by mixing an equal quantity of water with the olive or almond oil and chlorure. Ten minutes after the mixture has been agitated, a separation takes place, the water falls to the bottom, and the upper layer is oil and chlorure; but the oil of poppy treated in the same manner forms so solid a saponification, that it adheres to the sides of the cylinder, and even an adulteration of the olive or almond oil, with one-eighth of poppy oil, produces the same effect in a minor degree; that is, the oily mass adheres to the glass, although the water can be poured off.—The same journal contains an interesting memoir, entitled '*Researches on the Action of Metallic Salts on Albumine, and on certain Organic Tissues*,' by M. LASSAIGNE.—At a moment when English members of parliament have been seriously thinking of giving a national reward for a secret mode of preserving animal bodies from corruption, which everybody ought to know, it may be well to direct attention to this memoir, which shows that various metallic salts possess the power of forming a new insoluble compound with animal matters, capable of resisting destruction from putrefaction, or from the erosion of worms. The effect of bichlorure of mercury, in this respect, has been probably known for centuries past. M. LASSAIGNE shows that the metallic salts are not decomposed by the union with albumen, as generally supposed, but merely combined, and with no change, except that of having become insoluble.

As to the preservation of bodies for the dissecting-room, it may be effected by injecting the blood-vessels with acetate of alum, and many other substances. In a recent report of the Academy of Sciences, pyrolignite of iron is shown to be an effectual preservative of wood, by the coagulation of its albumen, thus preventing its decomposition and the devastation of insects which prey upon it. Pyroligneous acid is an excellent preservative of animal matters; we have a proof of this, on a small scale, in the preservation of tongues and hams, by the very small quantity of pyroligneous vapour or smoke which they

receive from suspension in a chimney, where wood is burned.

Mode of detecting the adulteration of Lactate of Iron in the pastilles of that name.—The superiority of the lactate to any other preparations of iron in chlorosis, having been favourably reported to the Academy of Sciences by Professor BOUILLAUD, it has become a popular medicine in France, but the pharmacopologists find it more convenient to substitute the sulphate of iron in their pastilles.

To detect the sulphate, according to the *Journal de Chimie Medicale*, add to a solution of it chlorure of barium, which produces an abundant precipitate, insoluble in azotic (nitric) acid. The precipitate, mixed with charcoal and carbonate of soda, being heated to a red heat, gives a sulphur which, treated by acids, disengages sulphuretted hydrogen. The sulphur dissolved in water smells like rotten eggs. This solution treated by hypo-azotic acid, deposits pale yellow flakes, which liquefy by heat and become transparent, but the liquor subsequently thickens and becomes red as the temperature increases. This product is inflammable, and while burning disengages a characteristic odour of sulphuric acid.

To detect the tartrate, malate, or citrate of Iron, the precipitate produced by chlorure of barium is to be treated with azotic acid, which, unlike that precipitate from the sulphate, dissolves in acid. The dissolution would also precipitate by the acetate of lead.

To detect the chlorure of Iron.—No precipitate is produced by the chlorure of barium, but the nitrate of silver would form a coagulated white precipitate, insoluble in acids, and soluble in ammonia.—A chocolate of lactate of iron being announced, it should be known that cacao contains tan which decomposes the iron.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe. Lat. 51° 37' 44" North, Long. 34° 45' West.)

MAY.	THERMOMETER.		BAROMETER.		RAIN.		WIND.		WEATHER.	
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dels.				
31	83	44	30.266	30.210			S.W.		Fair, with heavy clouds.	
June. 1	91	50	30.100	29.928			W.		Very fine—little wind.	
	68	45	29.750	29.860		10	N.W.		Thunder 8 a.m., & at 12, with 2 loud peals, & lightning.	
3	68	38	30.100	30.000			N.W.		Fair—fine.	
4	69	50	30.100	30.014			W.		Overcast—cloudy.	
5	64	50	29.964	29.873		18	N.W. to S.W.		Cloudy—rain night.	
6	65	55	29.834	29.800		32	W.		Fair—rain night.	
Mean	72.4	47.4	30.016	29.956		60				

W. JACKSON.

House of Commons. June 5.—Mr. Warburton presented petitions from the Medical Practitioners of several places in Ireland praying for Medical Reform.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Journal de Chimie Medicale.—*Annali Universali di Medicina.*—*Bulletin de la Societe Anatomique.*—*Bulletin Chirurgical de Laugier.*—*Gazette Medicale.*—*Gazette des Hopitaux.*—*L'Esculape.*—*Revue Scientifique et Industrielle.*—*Archives de la Medicine Belge.*—*Bulletin Therapeutique.*—*L'Echo du Monde Savant.*—*Medicinische Annalen.*

UNDER the title of *Multiplicated Abscesses in diseases of the Urinary Organs*, which others call metastatic, M. Laugier shows their invariable dependence on *inflamed and purulent veins of the bulb and neck of the bladder*; and as similar abscesses are found, after innumerable traumatic injuries, as compound fractures and surgical operations, they also may be traced to purulent veins.

In a case of *Lithrotomy at the Hotel Dieu*, a portion of the triturated stone accidentally lodged in the urethra near the bulb; the patient died of pneumonia. On dissection, the lungs were found to be inflamed, and *studded with those little abscesses which are met with when pus circulates in the blood from phlebitis*. The membranous and prostatic part of the urethra, and the veins in the neighbourhood, contained pus.

On the other hand, I have notes of a case of *fatal Phlebitis after amputation*, taken from the *Bulletin Anatomique* for last year, which are as follows:—"The severe and almost suffocating dyspnoea which existed in the patient, might have induced an expectation of finding disease in the pulmonary organs, more especially as this is commonly the case, but nothing was found. The lungs were without tubercles, or circumscribed congestions, or even those sanguineous effusions met with in the first stage of metastasis from suppurative phlebitis (where the inner membrane of the brain is affected). The liver, spleen, pancreas, and mucous membrane of the intestines were also free from disease.—The whole medullary canal of the femur presented a well-characterized example of inflamed veins, which extended into the spongy tissue of the upper extremity of the bone. The surface of the section was not uniform, but displayed the three different stages of vascular inflammation; in some parts elliptical patches were found of a yellow colour from pus, and they were separated from each other by patches of the same form, but of different kind and colour, produced by apoplectic effusions of blood. A third set were of a mixed character, half blood and half pus, the purulent part in the centre of the sanguineous deposit. The morbid changes terminated at the inner surface of the bone, whose substance was not injected, and the several patches were easily detached from the medullary canal.—The *left external Iliac vein*, from two and a half inches above the Fallopian ligament, and all the femoral, were obturated by coagulated blood or pus, either separate or mixed, presenting a surface divisible into three parts, according to the nature of the obstructing matter.—The *first portion*, including all the femoral vein, and the lower third of the external iliac, was filled with red coagulated blood, merely deprived of the liquid parts in the latter, while the clot of the femoral was reduced to fibrine.—The *second* was about an inch long, distended by a brownish yellow pus, homogenous, more than in common phlegmon, in immediate contact with the sides of the vein, consequently without the shell or envelope which exists in cases where suppuration begins in the centre of a clot.—The *third portion*, above the former, contained a thickened

sanous liquid, in colour resembling dregs of wine or chocolate, doubtless formed by the mixture of venous blood with pus. From this point the infection might be propagated through the whole circulation, inasmuch as there was no clot above."—The case will be found at full length in the volume of *Bulletins* for 1839, under the head of *Contusion of the Knee—White Swelling—Amputation of the Thigh—Suppurative Phlebitis of the Left External Iliac—Phlebitis of the Medullary Canal*.—The white swelling was accompanied by pain in the interval of the articular surface, chiefly behind the patella, and ulcerations communicating with the cavity. The knee was amputated in the middle of the thigh, and the stump was dressed by a band of fine linen, covered with cerate and *interposed between the edges* of the wound. I believe this mode of dressing by second intention to be no less the cause of mortality in operated patients, than the impure miasmata of an hospital ward.—On the third day the skin became hot and dry, the face red and burning, the tongue parched, and the stump so swollen that adhesive straps employed to retain the dressings were obliged to be loosened. On the fifth a patch of erysipelas invaded the back of the thigh, which in three days was dissipated by forty leeches, and mercurial friction. Violent shiverings, followed by heat and perspiration, had been felt during the interval. Hitherto the stump had been inflamed and dry, but now the suppuration was established. The shiverings, however, were undiminished, and continued daily till the fifteenth, when the patient died. During the latter days he was greatly distressed by dyspnoea, which menaced suffocation.

Cure of Phthisis by Acetate of Lead, but fatal effects of that remedy from the production of other disease.—This important case is contained in the *Journal de Chimie Medicale*. The patient was a boy fifteen years of age, and scrofulous in early age, who at length had arrived at the last stage of phthisis, with hectic fever, sweats, colliquative diarrhoea, and purulent expectoration. All these symptoms gradually disappeared under the use of four quarter-grain doses of acetate of lead daily, which were progressively increased for twelve weeks, until two grains were administered. The boy had taken 130 grains of acetate without any apparently noxious effect, but notwithstanding the phthisis had entirely disappeared, he remained debilitated, emaciated, and pale, with frequency of pulse, and occasional orthopnoea, pains in the chest, and obstinate cough. A month afterwards the appetite gradually declined, the abdomen was painful and contracted, the intestinal evacuations were rare and painful, the skin acquired a bluish yellow tint. The face was swollen and hot, the hair fell. Convulsive cough, difficult respirations, and burning pains in the chest supervened, and soon afterwards a partial palsy of the feet. These symptoms having continued a fortnight, fever, accompanied by weight in the head, palsy of the eyelids, convulsions of the features, stupor and delirium ushered in the fatal termination. The examination of the body after death was not permitted.

Mucous cysts from the development of the Follicles of the Mouth, mistaken for Hydatids.—The *Bulletin Chirurgical* has an excellent article on *mucous cysts*, wherein M. LAUGIER comments on a case of supposed hydatids published in England. The case was described as hydatids formed of transparent cysts, containing a limpid fluid, *analogous by its viscosity and transparency to the white of egg*. But is the fluid of an hydatid viscous?—No. M. Laugier remarks, that "in all recent hydatids, the liquid contents are like pure water;

and when in great hydatid cysts, by the successive rupture and species of maceration of a smaller or larger number of these worms the liquid has lost its limpidity, it sometimes becomes turbid like purulent serum: but this is not viscosity, which he more peculiarly characterizes the *dropsy of the muciparous follicles*, whose orifices are blocked up from previous inflammation, and are in this state frequently *confounded with ranula*.—In a case of the latter disease, M. Laugier found the orifice of Warthon's duct, and the part surrounding the canal, visibly inflamed, which being subdued by anti-inflammatory and emollient treatment, the tumour of the size of an egg disappeared, and the saliva resumed its course.—In one of the cases of supposed hydatids, the tumour was seated between the lower maxillary bone and os hyoides, containing filamentous liquid. The rapidity of formation leaves no doubt of its having been ranula, for a mucous follicle could scarcely have acquired so large a size in three weeks. These pretended hydatids are cured by punctures, stimulants, and seton, as are mucous cysts.

A mode of detecting the adulteration of Essential Oils and Aethers by Alcohol, is given by the *Revue Scientifique et Industrielle*.—If well-dried small bits of Chlorure of Calcium are put into a narrow tube containing the oil or the æther, diluted with alcohol, and kept in a water-bath, at the boiling point for a few minutes, shaking the tube from time to time, and then suffered to cool, the chlorure will dissolve in the alcohol, and form with it a separate layer beneath the oil. If the quantity of alcohol is trifling, the chlorure effloresces and falls to the bottom; if there is none the chlorure remains unaltered.—It is better to commence with a small portion of chlorure lest the quantity of alcohol should be insufficient to act upon a large quantity.

The same journal contains a *communication on Populine, or Tresmuline*, by M. KONINCK, Professor at the University of Liege. The proceeding of BRACONNOT, for the extraction of *Populine* from the leaves of the *Populus Tremula* having been found too expensive, M. Van den Gheyn proposes the following mode of obtaining it from the bark of the root. This is put into water, just sufficient to cover it, which is to be rapidly boiled for about an hour. After decantation the residuum is again boiled, and the two liquors are reduced to a twentieth of their primitive weight, and put aside to cool. In a few days the *populine* swims on the surface, under the form of small needle-shaped crystals. They require to be treated two or three times with animal coal and alcohol, in order to be brought into a state of purity. The liquid remaining after the first crystallization contains *salicine*, and colouring extractive matters.—Braconnot described *populine* as having the form only of white and silky needles; nevertheless it is deposited from the alcoholic solution, in little colourless and triangular flakes, while the edges of the vessel are covered with silky needles, in which state it has been called *tremuline*.—Metallic salts have no chemical action on *populine*, which is dissolved by their watery solutions, but again deposited on cooling; such, for instance, as the nitrate of silver, the plumbic and triplumbic acids. It may, however, be combined with plumbic oxide, which gives a white compound, scarcely soluble in water. Diluted acetic, nitric, phosphoric, and sulphuric acids dissolve it, but the solution precipitates on the addition of an alkali. *Concentrated acids* decompose it. The nitric converts it into *picric* and *oxalic* acids; cold sulphuric acid reddens it; but when heated, carbonizes it. Sulphuric acid, diluted with water and boiling, converts it into grape sugar,

and a white resinous substance, which is insoluble in water, called *popletine*. This action is analogous to that which the same acid exercises on *salicine* and *phloridzine*.

Poisoned Well from the infiltration of waters charged with Arsenic from a manufactory of painted paper-hangings.—The manufacturer prepared enormous quantities of a green colour, the arsenite of copper. His neighbour, with a wife and three children, were all taken ill with pains in the head, nausea, painful digestion, almost continual colic, purging, swelling and numbness of the legs, universal lassitude, and extreme depression of spirits. The cause of these symptoms was unknown, and no relief was obtained. The water they drank was analyzed, but no poison was found in it. At length, however, the patients all recovered, as it was supposed from the cleansing of the well from which they drank, but in reality from the fact that the poisoned water of the manufactory at that period ceased to filter into it. The poison had not been discovered, from the ignorance of the Experts, as to the mode of detection by Marsh's method.—Soon afterwards the family were again seized with the same symptoms. Poison was again suspected, and the water was submitted to analysis by means of Marsh's apparatus of hydrogen gas, for detecting minute portions of arsenic, and the fact of its existence was proved, while the same water, treated after the manner of the first analysts, by evaporation and sulphydric acid, produced no precipitate, because the water also contained potash, which kept the sulphure of arsenic in solution. It was now learned that the house in which the poisoned well was situated had, in former time, been fatal to a whole family. An athletic man, twenty-seven years previously, had also died from the same cause, and many others were attacked. The intermission of insalubrity arose from the circumstance that the flow of poisoned water from the manufactory only occurred after great rains, when the ditch in which the waters were carried off were so obstructed, as to filter their contents into the adjoining well.—*Echo du Monde Savant.*

The *Medicinische Annalen* has a *Case of Pregnancy, complicated with false ovarian fetation and dropsy of the ovarium.*—The patient, at the fourth month of pregnancy, was as large as if she had arrived at her full term. Pains and hæmorrhage menaced abortion, which, however, did not take place till a month afterwards, between the fifth and sixth month of conception. The child was alive, but died in three hours. The placenta was obliged to be extracted on account of hæmorrhage. While the accoucheur had the hand in the uterus, he felt a hemispheric tumour on the right side of the uterus, projecting into it. The abdomen remained distended on the right side, with fluctuation and pain on pressure. Periodical pains were experienced in the sacrum, and the woman wasted. At length fluctuation was evident on both sides. She had dyspnœa, anxiety, want of sleep, nausea, constipation, fever, black and sanguinolent discharge from the vagina. By paracentesis eleven litres of sanguinolent serum were evacuated, with reddish, purulent, and gelatinous flakes; but fluctuation still remained in a part of the tumour projecting into the vagina and rectum, which being punctured with a lancet, gave issue to about five litres of clear serum, and the distension of the abdomen was thereby removed, but a hard body, like the head of a foetus, was felt in the right iliac region. The abdomen soon filled again, and in fifteen days the patient was a corpse.—On *dissection*, a membranous sac filled with serum occupied the cavity of the abdomen. It was the ovarium; its coats were hard, thick, tenacious, and of a whitish yellow. The fluid

was intermixed with flakes, like those drawn off by paracentesis, and at its posterior part adhered a foetal monstrosity.

On the true cause and mechanism of incontinence, of retention, and of the overflow of Urine in Old Men, by DR. MERCIER.—This very valuable communication is contained in the *Gazette Medicale*, and as it is of tolerable length, and abounds with useful instruction at every line, I see no means of compressing it within the limits of this notice. It forms, however, part of a work announced to be in the press, under the title '*Recherches Anatomique, Pathologiques, et Therapeutiques, sur les Maladies des Organes Urinaires et Genitaux, considerées spécialement chez les vieillards*;' such of our readers, therefore, as are acquainted with the French language may have an opportunity of consulting the original.—Dessault, Chopart, and others, admit of a paralysis of the parts, which in a natural state contribute to the retention; this M. Mercier proves to be inaccurate, except in cases where paralysis exists in other parts of the body; but as involuntary flow of urine occurs in old men, without being the result of overflow, as in some diseased prostates, and as the greater number of old men affected with retention were at first tormented by more or less of incontinence, a fact not hitherto noticed, he proposes to show that the natural anatomy of the parts will account for the disease, without supposition of paralysis. He shows that the bladder is not closed by sphincter, but by the coaptation of its two lateral halves, and that a peculiar arrangement of the muscles of the coat of the bladder exists for this purpose. This coaptation of the lateral halves of the prostatic portion of the bladder may be represented by a slit, which, by the enlargement of a portion of the prostate posteriorly, the middle lobe for instance, may be opened so as to constitute a triangular orifice. This separation of the posterior parts of the prostatic cavity, as by a wedge, induced M. Mercier to affirm, in the *Bullet. Anatom.*, 1836, that the general and uniform hypertrophy of the prostate more commonly produced incontinence than retention. Thus the middle lobe, which is scarcely evident in the natural state of the parts, grows in a transverse direction, separates the lateral lobes from each other, and whatsoever be its form, if it does not cover the orifice of the urethra like a valve, it disposes to incontinence, which will be in proportion to the degree of separation, and the density of the enlarged portion; for if it is soft it may yield to the pressure of the muscular powers which compress it.—Sometimes the lateral lobes in their hypertrophy project into the urinary channel in a cylindrical form, and touch each other only at one point of the circumference of the projecting part, instead of being kept in close contact, as in the natural state of the gland. The channel above and below the points of contact is therefore open for the flow of urine.—If a portion of the lateral lobes is ulcerated, the close contact is again prevented, and the urine flows involuntarily.—Retention, as well as incontinence, may be occasioned mechanically by hypertrophy either of the transverse portion (middle lobe), or its lateral portions, and frequently succeeds incontinence; for the hypertrophy of the middle lobe, after having first produced incontinence, may acquire such a size as to act as a valve pressing on the orifice of the urethra. While the tumour rises vertically, it does not close the canal; but a time frequently comes, at length, when the urine forces it forward upon the urethro-cystic orifice, and produce complete obstruction. It frequently happens that the course of urine is suddenly stopped in the midst of its flow, as in cases of calculus; at other times

a patient wakes with a complete retention of urine, who had passed his urine freely on going to bed. Sometimes retention takes place while there is accumulation of fecal matters in the rectum, erroneously supposed to arise from compression of the urethra by the intestinal collection; but the prostatic portion of the canal does not contract in size by the hypertrophy of the gland, on the contrary its antero-posterior or coccy-pubien diameter acquires a greater length; moreover, as that portion traverses a tissue endowed with a certain degree of resistance, it is not likely to be affected by compression from behind forwards, and if any effect were produced, it would be like that of pressure upon two ends of a button-hole, which would open the centre.—The effect is produced by lifting up the posterior part of the gland, by which some hypertrophied portion of it is pressed forward upon the urethro-cystic orifice.—There is also another mode whereby retention succeeds incontinence. When the incontinence arises from the enlargement of the middle lobe, so as to separate the posterior parts of the lateral lobes, the urinary prostatic channel at first assumes a triangular shape, with the base posteriorly, but the progressive increase of the tumour continues to extend the opening at the base, and thus diminishes the anterior posterior dimension or height of the triangle, until at length the prostatic channel represents a curve line, with which the tumour comes into immediate contact.

Fatal consequences of violently breaking up Ankylosed Joints.—This case, given by the *Bulletin Chirurgicale*, was probably one of the most favourable that could have arisen for the barbarous and insane practice recently attempted to be introduced in Paris, inasmuch as the flexion consisted merely in contraction of the flexor muscle of the leg, consequently nothing was required to be broken up within the joint, yet death ensued. The patient had refused the only rational remedy of subcutaneous incision of the tendons.—The operator, Louvrier (not Laugier) after breaking up the contracted parts with the machine, the skin of the ham was torn from one end to the other, and the tendon of the biceps was denuded. Phlegmonous erysipelas undermined the integuments above and below the ham, and round the articulation, within which inflammation was induced by the violence offered to the ligaments.—On examining the joint after death, it was found shortened by two inches. The tibia having passed completely behind the femur, the external condyle of the latter was uncovered. The external wound penetrated directly into the articulation, which was filled with pus. The ligament of the patella was destroyed on a level with its attachment to the tibia; both the crucial and lateral ligaments were torn up, leaving only the tendon of the biceps to perform the function of the external lateral ligament. The bone between the condyles was excavated by erosion, and by the separation of a part of it which had been torn away by the anterior crucial ligament, and left adherent to it. The bone was eroded at the insertion of the inferior attachment of the semitendinosus to the tuberosity of the tibia. The tendinous fibres were torn away. The insertions of the popliteal and inner gastrocnemii muscles no longer existed. The inner rectus, a little above the insertion of the lower tendon upon the muscular fibres, was almost ruptured, and many of its fibres were torn and bathed in ecchymosed blood. The sciatic nerve, on leaving the pelvis, was red, partly from ecchymosis, and partly from turgescence of its vessels. The redness increased near the ham, where it divides into the external and internal popliteal. The organs of the posterior, middle, and in-

ferior cutaneous nerves were torn. The popliteal artery was sound, but the vein, for the space of three inches, was distended with greyish pus; but the phlebitis had not extended further, as the femoral vein was discovered to be unaltered.—But the kidneys were evidently the seat of phlebitis, which might have been ascribed to metastasis from the pus in the popliteal vein, had not sufficient disease existed in the bladder, commencing on the day of the operation. This is suggested by M. LAUGIER to have been occasioned by the tearing of the nerves, as the patient, during the extension, complained of horrible pain in the pubis and anus.—The patient, on the day of the operation, was seized with retention; and the sensibility of the bladder was impaired, until subsequently inflamed. All the membrane of the bladder was of a slate-colour, softened, and in some points transformed into eschars, and bathed with foetid pus. The cavities of the kidney contained pus, which could not be confounded with the lactescent urine met with in many subjects where abscesses exist in other organs. At the cortical surface were little metastatic abscesses, of the size of millet seed, with the surrounding tissue slightly injected.—M. LAUGIER remarks that it is not the first time that he has found capillary phlebitis in the kidneys, without the lungs or liver being similarly affected; but in this case the lungs were actually inflamed, though not suppurated.

REVIEWS.

Discours sur les Revolutions de la Surface du Globe, et sur les Changemens qu'elles ont Produits dans le Regne Animal. Par CUVIER. Eighth Edition. Smith, 10, Wellington Street North, Strand. 1840. Pp. 335, with 5 Plates.

To say anything in praise of this work from the pen of one of the most celebrated authors that France has produced, would be superfluous. The subject is one of high interest to every man of science, and the volume is handsomely got up, and at a low price.—The plates of antediluvian animals represent *Skeletons of the Ichthyosaurus, Plesiosaurus, Pterodactyle with long snout, Palæotherium magnum, Anoplotherium commune, Megatherium, and the Stag with gigantic antlers.*

The Anatomy of Suicide. By FORBES WINSLOW, Member of the Royal College of Surgeons. Renshaw.

[Second Notice.]

It may be as well to show how the great Winslow deals with the smaller fry of philosophers who preceded him, *exempli gratia*, Sir Thomas More and Edward Gibbon:

Gibbon and Sir Thomas More are cited as champions of suicide, but there is nothing which these authors have advanced that merits a separate consideration.

Cool enough, Mr. Forbes Winslow, is that way of knocking down Gibbon and Sir Thomas More, like a couple of ninepins; but let us see how you handle *Paley*—rather a dangerous customer for a light weight like yourself, we should have thought:

Much discussion has taken place whether self-murder is expressly forbidden in the Old and New Testament. *Paley*, who is a high authority in all questions connected with moral philosophy, expressly denies it.

After this, we should have thought Winslow might just as well have let it alone, for *Paley* would certainly have made out the authority of the Bible on his side, if it had been possible—but nothing daunts the audacity of our author, and with true jesuitical effrontery he sets out by

explaining one text, twisting another, and telling this and that story, to make out that the Bible says what it does not. Nay—indeed the whole of this Winslowian exposition reminds us of nothing so much as the ingenious discovery of the learned Jewish Rabbi, who, on the authority of the Bible, hung a man for murder, because he had no children. For, argued the learned Rabbi,

It is a sin for a man to refrain from begetting children.

He, therefore, who does not beget a child acts sinfully.

He who does not get a child, prevents a child from living.

He who prevents another from living, wrongfully takes away his life.

He who takes away life wrongfully, is a murderer. Q. E. D.

And after such a manner is the Winslowian exposition of the Scripture on suicide; and greatly does Winslow pride himself upon it, for after a dozen pages of twaddle and a distinct admission that the Scripture makes no mention of suicide as a crime, he, in the final sentence of the chapter, grows valorous, and cries out:

We think it has decidedly been established, in the preceding observations, that suicide is a crime clearly prohibited in the Bible.

He might as well have said that the Bible prohibits small-clothes, or any other indifferent matter mentioned incidentally, or historically, in the sacred narrative. For our own parts, however convinced of the folly and impiety of suicide, we must, for the present, pin our faith on the sober authority of *Paley*, rather than the empty verbosity of a Winslow.

Empty verbosity did we call it? No; we do the author gross injustice. Winslow is the true *Swiveller* of modern writers, and the ever observant 'Boz' must have taken his notion of that worthy's conversation, from the peculiar toast-and-sentiment style of this Member of the Royal College of Surgeons. Every page of the book, in addition to its penny-a-line paragraphs of 'Lamentable Suicides,' is adorned with at least a couple of poetical quotations, so that we walk as it were through a levee of the poets—here making a bow to our old friend *Pope*, then groaning with *Byron* over human nature, nodding to *Akenside*, winking at *Tom Moore*, and interchanging occasionally, and but rarely, a few words with *Wordsworth*. Unfortunately, however, for poor Winslow, his quotations are as well known as his poets, and come to us like worn-out hats new brushed up to look like new, but strongly smelling of that literary old clothes' shop, the 'Dictionary of Quotations.'

Mr. Winslow, as an author on Insanity, and its incipient symptoms, is evidently one of those convenient theorists who have done so much towards making the fortune of the proprietors of private lunatic asylums. We allude to that class of surgeons and physicians who are always ready to find "a perversion of the moral sense," as they call it, in any eccentricity of manner or conduct, which it may be convenient for relatives to construe into insanity. Gentlemen who follow out Mr. Winslow's theory, can always expand it with their consciences, India-rubber fashion, to comprehend any case; and, therefore, if for no other cause, have we considered it in some degree necessary to point attention to this weak person's book, now that he has written a long twaddle, and ventured at last into the arena of metaphysics, as a medical writer on mind. Mr. Winslow, most certainly, by his own showing, had he been intrusted with their medical treatment, would have clapped both Burns and Byron into some 'quiet retirement in a sequestered village,' and

there have blue-pilled Byron, and blistered Burns, until he had worked out from the brains of the one all the intemperate wit of 'Tam O'Shanter,' and from the bowels of the other all that, as he calls it, 'maudlin and morbid melancholy' which could be so mischievous in 'Childe Harold's Pilgrimage.'

Let us hear what he says of Burns:—

Burns suffered much from indigestion, producing hypochondria. Writing to his friend, Mr. Cunningham, he says, 'Canst thou not minister to a mind diseased? Canst thou speak peace and rest to a soul lost in a sea of troubles, without one friendly star to guide her course, and dreading that the next surge may overwhelm her? Canst thou give to a frame tremblingly alive to the tortures of suspense, the stability and hardihood of a rock that braves the blast? If thou canst not do the least of those, why wouldst thou disturb me in my miseries with thy inquiries after me?'

Upon which Mr. Winslow sagely remarks, "From early life the poet was subject to a disordered stomach, a disposition to headache, and an irregular action of the heart!" All which, of course, Winslow would have cured, and saved the world from the infliction of Burns' poems.

And now, as to Byron, he quotes a passage from one of the poet's letters:

Last night I went to the representation of Alfieri's 'Myrrha,' the last two acts of which threw me into an agony of reluctant tears, and the choking shudder, which I do not often undergo for fiction.

Whereupon Winslow gives his medical breeches a hitch up, and wisely tells us, "This was the natural effect of a peculiar condition of the nervous temperament." A sentence over which we have beaten and bothered our brains for some time, but can find in it no other meaning, or rather can give it no other translation into plain English, than "this was so, because it was so."

And so goes on this illustrious Winslow, overthrowing great men one after another—hitting Napoleon a rap in one page, knocking down Hume in another, fibbing *Paley* in a third, smashing Sir Thomas More in a fourth, annihilating Gibbon, and peppering heartily even St. Augustine himself. But, nevertheless, after all he has to say is said, to what does it amount? Where is the needle in this bottle of hay—the one grain of wheat in this bushel of chaff?—this farrago of cases, this concatenation of penny-a-line paragraphs? Where are his proofs that Burns had the belly-ache, or Antony a "disarrangement of the abdominal viscera," and therefore that a drop of Croton oil would have preserved the one from the fascinations of Cleopatra, and a spoonful of Castor oil, exhibited at the proper season to the other, have rescued Rome from the subsequent tyranny of the Cæsars? Alas! that history and biography should for ever after this cease to be consulted but as old almanacks, for their dates; and that, henceforth, the causes of actions must be learnt from the body-surgeons of great men, and not from their contemporaries, rivals, or admirers. Surely it is to this Winslowian discovery that Swift prophetically alluded, in the 'Travels of Lemuel Gulliver,' where that voracious captain discovered certain Lilliputian philosophers, busied in the exhibition of purges to the ministers of his Lilliputian majesty and the chief men of his realm, first to set them to work with clear heads, and, secondly, to detect, by the colour of their feces, the various plots and intrigues which were in agitation in their minds. But enough of Winslow for the present. *Paulo majora canamus.* Sir Alexander Morison is in the field with a work, and we will see what he says on these subjects.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—MAY 26.

New particulars concerning the Cure of Strabismus, by the section of one of the Motor Muscles of the Eye.—M. DIEFFENBACH announces that he is now at his 118th operation. He remarks that in *convergent strabismus*, the affected eye has frequently its pupil dilated, which is the reverse of what occurs, when the eye, in its natural state, is turned by outward force towards the inner canthus. In the state of dilatation from strabismus, the vision is double. It seems that the pupil, under these circumstances, dilates like that of a person in the shade.—When the rectus internus is divided, the contraction of the pupil returns, and if to the same degree as in the other eye, the sight is correct; but if there be inequality in the pupils, the sight remains double, or becomes so. This double vision, which is remarked during the fifteen or twenty days after the operation, insensibly disappears.—When the strabismus is *divergent*, it is sufficient to cut the rectus externus to give the eye its natural direction; but it frequently happens in these cases, that the eye is carried inwards, so as to produce the convergent species. We must in that case wait till the external incised muscle has contracted new adhesions with the globe of the eye, and then incise the external muscle. When this is effected, no further obstacle exists to the cure. The deformity completely disappears after the second operation.*

New mode of treating Oblique Fracture of the Lower Jaw by Deligation.—We have obtained additional particulars of the curious case which we adverted to in our last report.—A dragoon, in falling from his horse, struck his face on the lock of his musket, which produced a fracture of the jaw, the bones of the face being laid bare by a wound four inches or more in length. The fracture took an oblique direction from the ear to the chin, and such was the kind of displacement from the action of antagonist-muscles, that the parts could not for an instant be kept in contact, as soon as the fingers of the surgeon were withdrawn. M. BAUDENS, chief surgeon of the Military Hospital, was therefore obliged to resort to an expedient for tying them together.—To apprehend the mode of effecting this, we have but to conceive an oblique fracture of the clavicle, round which a ligature of several waxed threads has been passed by means of a curved needle. The bones may thus be firmly kept in contact, with no other inconvenience than the temporary destruction of a line of the integuments and periosteum, from the pressure of the ligature. But the lower jaw, in addition to its natural coverings, has in front of it the integuments of the cheek, and of the lower part of the face, which could not be conveniently included in the ligature. The surgeon therefore, in ordinary cases, would have to pass the ligature downwards through the integuments, bordering on the lower margin of each surface of the jaw. In this case, the jaw having been accidentally laid bare by the external wound, a needle with eyes, both at its point and base, containing waxed threads, was passed along the inner and posterior surface of the jaw, till the point containing the ligature appeared in the mouth, behind the tooth. This extremity of the threads was then brought out of the mouth, and the needle having been drawn back again, the two fractured portions were left between the noose. These of course were put in proper contact, and the ligature was firmly tied.

ACADEMY OF SCIENCES.—MAY 25.

New Instrument for measuring Refraction.—M. ARAGO, in order to ascertain the difference of refraction between moist and dry air, under the same temperature and pressure, proceeds on the principle, that if we intersect the rays of light by a medium, which is very thin, or very little different from density, in such cases, the bands alternatively obscure or luminous, are sensibly turned towards the most refringent body. M.

Arago's instrument consists of two tubes, one for the dry, and the other for the humid air, closed at both extremities by achromatic objectives, and armed with a micrometric thread. The instrument is so placed, that the rays emanating from the same source shall traverse both tubes. We then discover that under a temperature of 27° C., the displacement of the bands, which results from the difference of refraction in the two airs, is $1\frac{1}{2}$ band. This instrument is applicable to a number of purposes; it may be used as a barometer, for it will give the pressure when the temperature is known, and as a thermometer when the pressure is known. It will also resolve other problems; it will, for instance, determine the temperature of the different layers of air above a very heated plate, when it cannot be ascertained by the thermometer, from the difficulty of isolating them from the influences of the current of radiating heat.—M. Arago points out other curious applications of the same apparatus, such as the determination of the compressibility of water, alcohol, æther, &c., and many others, for which the original memoir must be consulted.

Polarization of Calorific Rays.—M. MELLONI maintains, in opposition to DR. FORBES, that heat arising from a source whose temperature is little elevated, is less polarized than that which is accompanied by light.—DR. F. thought that the difference of result arose from the different thickness of the piles employed, those of M. Melloni being formed by thin plates of mica, superposed without contact, whereas his own consisted of a layer of mica, divided into lamellæ by its abrupt introduction into a high temperature. M. Melloni cannot admit that the heat of the different sources acquires a uniform character, in traversing his instruments of polarization; for the emergent rays are so far from uniformity, that some are entirely absorbed, while others undergo trifling loss. M. Melloni, in several experiments, used very thin piles; as to the experiments proving the invariableness of the index, nothing can be more decisive. The differences observed by Dr. F. do not arise from a variation in the proportion of polarized heat, but from the particular structure of his piles, and from the fact, that the different species of radiating heat are like light of different colours, equally polarizable and polarized, with an intensity sensibly equal, when they have been submitted to the action of the same instruments of polarization.

Photographic Drawing—Mode of determining with precision the time required for the full impression of the Drawing on the iodated plate.—M. SOLÉIL takes, as his indication, the change of colour which chlorure of silver undergoes when exposed to the light, at the same time as the iodated plate in the camera-obscura. For this purpose, he takes a tin tube forty millimeters long, and twenty-five in diameter, blackened internally, open at one extremity, and closed at the other by a moveable plate, on which is placed a gummed card covered with a layer of about a millimeter of humid chlorure of silver. The chlorure for this object should be kept in a bottle from which the light is excluded by a black paper envelope.—The tube thus disposed, is to be turned towards the object whose image is to be taken, and when the white chlorure has assumed a slate colour, the plate within the camera-obscura may be withdrawn.

MEDICAL OBITUARY.

AT Manchester, Mr. John Nevett Hulley, surgeon, late of Liverpool.—At Barton, near Manchester, Edward Chapman, Esq., late surgeon in the Hon. East India Company's service, Madras Establishment.—On the 7th inst., æt. 29, Bushel Anningson, Esq., surgeon, Bayswater.—In Hobart Town, much regretted, William Crowther, Esq., for sixteen years senior-surgeon of that place, and formerly resident in Stockport.—At Abergavenny, Monmouthshire, Wm. Grieve, Esq., late surgeon of the 77th regiment.—At St. Louis, Island of Jamaica, after a protracted illness, Robert A. McGrigor, Esq., surgeon.—At Oban, on the 31st ult., of fever, J. P. McGregor, surgeon.

FOREIGN HOSPITALS.

HOSPITAL LA CHARITE.—M. VELPEAU.

Cancer of the Uterus—Extirpation of nearly the whole of that Organ.—The patient had been subject to frequent discharges of blood from the uterus, but nothing to excite alarm. For the last seven months she had felt a weight in the groins and lumbar region, with great lassitude, and ichorous discharge from the vagina, but no acute pain. On examination by the finger, a tumour was found, large as the first, evidently of encephaloid texture, fungous, and easily friable under the fingers. It occupied the whole of the neck, and seemed to pass beyond the limits of the vagina, but on pressing the upper part of the canal, the finger arrived at a sort of groove, which indicated a line of demarcation between the sound part and the disease. It was obvious that nothing but extirpation afforded a chance of success. The only caustic that could be applied, without acting on the epithelium of the sound parts was, as M. Velpeau remarked, the zinc paste, but its action would necessarily be very limited, and all caustics on so large a surface might produce hæmorrhages and gangrenous eschar. On the other hand, the operation was not without danger. There is here no means of stopping hæmorrhage by torsion of the vessels, or by ligature. There is danger of peritoneal inflammation, and there is no certainty of not leaving a portion of the disease behind. Cancers of the womb, as well as those of the rectum, have more tendency to reproduction on the same organs, than on the surrounding ones, which seems to indicate that some morbid part had escaped the instrument. Of nine patients operated by M. Velpeau, six relapsed, or died as follows:—One died the third day, and one in three months. One relapsed, but survived eighteen months. One relapsed, but still lives. One relapsed and died at the end of three months. One relapsed, and was living six months ago, but is lost sight of. Three were cured, but the dissection of the tumour in one, rendered it doubtful whether it was cancerous or not. Dupuytren, after having frequently performed the extirpation, finally abandoned it in 1825. It was also renounced by Oslander, of Göttingen, after giving it a fair trial. But in this case, no alternative existed between the operation and death. The excision therefore was performed as follows:—An assistant strongly compressed the hypogastrium, double hooks were fixed, first in the posterior part beyond the tumour, then in the anterior. By means of this, in conjunction with the forceps called pince de museux, the uterus was gradually and slowly drawn downwards, but as the fissures seemed to be giving way, a curved needle with strong ligature was passed through the uterus behind the tumour, whereby it was strongly drawn outwards. The labia were now carefully kept apart, and the diseased part was detached with as much of the uncontaminated uterus as was thought desirable: no hæmorrhage occurred.—*Gaz. des Hopitaux.*

We shall communicate particularly of the results of the operation, as they may be reported.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeon Charles Inches, (1821) to the Ocean.—To be Surgeons:—John Reid, Ch. K. Sutt, Lenox T. Cunningham, John Ferrier, R. D. Mitchell, and George Burn, M.D.

VACANT.—The office of Physician to the St. Pancras General Dispensary, Burton Crescent, Dr. Leighton having resigned.—Election, July 2.

In the House of Commons, on the 5th, the following sums were voted—£2500 for the Westmoreland Lock Hospital, Dublin; £1000 for the Lying-In Hospital, Dublin; £1500 for Stephens' Hospital, Dublin; £3800 for the Fever Hospital, Cork-street, Dublin; £500 for the Hospital of Incubables, Dublin.

The Committee of the North London Hospital have been, through the columns of the *Chronicle*, appealing to the public for support. The institution is in a miserable state of poverty.

Dr. H. Morton has been chosen a member of the Newark Town Council.

* Our 31st and 34th numbers contain much information, with instructive cases of the successful performance of this operation in England.

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La Revue rend compte des journaux étrangers et spécialement des travaux qui se publient, sur la physique et la chimie. Elle contient plus du double des matières contenues dans les *Annales de chimie et de physique* dont elle rend un compte exact et analyse les Mémoires.

London: Sydney Smith, 10, Wellington-street North, Strand.

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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 39. VOL. II.

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MEDICAL PORTRAITS.

MR. FERGUSSON OF KING'S COLLEGE HOSPITAL.

"Operative Surgery, in its best use, is but the supplement to Medical Science; if abused, it becomes its opprobrium."

WE are about to give a brief delineation of one who has rapidly risen to eminence as an operating Surgeon, and is likely in that capacity to attract much notice. Subsequently to Mr. Liston's departure from Edinburgh, Mr. Fergusson was generally recognised as *nulli secundus* in the northern capital; but emulous of a wider field for the acquirement of fame and affluence, he has been induced again to take up a juxtaposition with his former rival, Liston, in this metropolis—the great centre of wealth and influence, where ambition finds the widest arena for its exertion. The selection by the King's College authorities of a Scotchman as Surgical Professor was not very complimentary to the English candidates, and we doubt whether that choice has been judicious. We did deem the elect fully equalled by more than one of the gentlemen who were his competitors, but it is at present scarcely fair to pronounce a decided judgment. We will await in the future a vindication of the choice, and if Mr. Fergusson proves himself worthy of the preference awarded to him, we shall feel pleasure in acknowledging the fact. In an *exclusive* institution, such as King's College, talent, even in combination with undeniable moral worth, constitutes no title to the dignity of Professorship; there must be adherence to the Thirty-nine Articles—and the political creed of Toryism is little less essential. We must ever protest against system. Science is essentially republican in its nature, and where we find its shrine circumscribed by bigotry and prejudice, we may scarcely hope that sound knowledge will be inculcated, or that learning and talent will find a genial element—a taint pervades the atmosphere, casts its blighting influence over the cause of science, and the interests of humanity suffer. Based on error, exclusive principles are ever tending to a faulty development; and we therefore look with well-grounded suspicion on the working of a vicious system, under which it is a chance if he to whom the professorship is allotted, is the person best qualified to perform the duties of the office, inasmuch as sectarian feeling and political considerations are matters of primary import in the selection. But we will not here enter upon these important points; before our tribunal an individual must stand on his own merits, in reference to which we will now proceed with our sketch.—Mr. Fergusson was originally the *élève* of Dr. Knox, from whom he imbibed a thorough knowledge of anatomy; but the mental characteristics of the teacher and pupil divaricate so widely, that to those acquainted with the two, it is a matter of no little surmise *under what circumstances* they could have so long gone hand

in hand together. Mr. Fergusson became professor and demonstrator at Old Surgeons' Hall, and subsequently Surgical Lecturer, in which capacity he remained till he left Edinburgh. Despite of Symes' strenuous opposition he was elected one of the surgeons of the Infirmary, and much angry feeling originated in the matter. On one occasion some reflections of Syme's were reported to Mr. Fergusson, who in consequence became intent on introducing a horse-whip to an acquaintance with his rival's shoulders on Syme making his exit from the hospital. Inkling of the kind intention, however, having been obtained, the Senior had the satisfaction of stepping into his carriage unmolested, consigning the Junior, whip and all, to the tender care of two police-officers, who were intrusted with a peace-warrant for his apprehension. At the Infirmary, Mr. Fergusson established his reputation as an operator—his knife became his sceptre, and his amputations of the lower jaw, operations for stone, and so on, excited the wonder and admiration of all those interested in vivisections.—The announcement of his election to the professorship at King's College excited no little surprise in the first instance, and gave rise to much speculation as to how it came to pass. Many were inclined to attribute the event to intrigue. Some said that Knox was not a little pleased to get rid of a colleague with whom he was on anything but good terms, and by whom he did not consider the interest of his school essentially promoted. Others said that Syme was at the bottom of it—that he had on a sudden become exceedingly amiable towards his professional brother, and on being applied to by the King's College authorities, declined their offer on his own part, but intimated the exceeding eligibility of his colleague. In pursuance of the recommendation, the appointment was proffered, and the bait was swallowed. If such be the case, Syme's jockeyship was first-rate; he got rid of an opponent in practice, and a formidable rival in the Infirmary, where his supremacy was previously endangered, in which the course of events has now enabled him to resume undisputed sway.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, June 11th, 1840:—

Samuel John Boulter, Oxford.
Watkin William Roberts, Carnarvon.
John Fuge, Bristol.
Frederick Matthew Rayner, Uxbridge.
David Davies, Glamorganshire.
William Beel, Ashford, Kent.
James Davenport Beadle, Bristol.
Edward Glover, Barkham.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

HÆMORRHAGE (CONTINUED).

ARMED NEEDLE—NECESSITY OF TYING BOTH ENDS OF THE ARTERY—PARTIAL DIVISION OF ARTERIES—DIFFUSED FALSE ANEURISM—TRUE ANEURISM.

WE are sometimes obliged, gentlemen, to employ the *needle* and *ligature* in order to arrest arterial hæmorrhage. When the bleeding orifice of the vessel is deeply seated, or when, from other circumstances, we find great difficulty in securing the very orifice itself, in such cases we take a large curved needle, armed with a strong ligature, and pass it through, so as to include a considerable thickness of the parts embracing the vessels that are divided, and we then tie the whole together. Now this, which must be regarded as rather a coarse kind of proceeding, is only to be understood as an occasional expedient, where we cannot succeed in what should be our constant effort—that of securing the immediate orifice of the vessel that affords the hæmorrhage.

When an artery is divided, particularly in the extremities, it is necessary, or at all events it may be said to be proper, to tie both ends of the wounded vessel. Frequently we find that bleeding takes place, both from the extremity of the vessel which is nearest to the heart, and from that which is most remote. In the arm and fore-arm, where the arterial communications are particularly free, we find this take place very frequently, and also in the scalp: when the temporal, or occipital artery is wounded, we shall find the vessel bleed as freely from the orifice most remote from the heart, as it does from that which is nearest it. Under these circumstances, it is a matter of obvious necessity to tie both orifices of the wounded vessel. But it may be laid down, as a *general rule*, that you ought to do this even although no bleeding should take place, from the farthest opening at the time that you apply the ligature; for although no hæmorrhage may be present at that time, yet it not uncommonly happens, when the circulation becomes powerful, that bleeding does come on afterwards, and you may have, from the inferior or more remote orifice of the vessel, subsequent hæmorrhage that may even prove fatal.

I remember an instance of a person brought into this hospital, many years ago, who had received a very considerable and deep wound on the inside of the arm, a little above the elbow. This had occurred in an affray in the street. Profuse bleeding took place, and he was carried into a neighbouring house, where a surgeon, who was near the spot, came to his assistance, tied the artery, and then sent him to this hospital. When he arrived here, he was cold and almost senseless; extremely reduced by the loss of blood; and a ligature was observed in the wound. No bleeding at that time took place; and it was necessary to give him a little wine, and employ other means to restore the circulation. The edges of the wound were brought together as a simple incision would be, and the patient soon recovered from the immediate effects of the loss of blood. The wound seemed to be uniting very favourably, and all the circumstances appeared quite as one could wish, when, on the sixth day after admission into the hospital, profuse hæmorrhage took place. This happened during the night, and the bleeding was not discovered till the morning, when it was found that he had lost a very large quantity of blood; so much so indeed that it had soaked through the bed and bedding, and was dropping on the floor of the ward. When the house-surgeon saw the patient in the morning, as soon as the hæmorrhage was discovered, he opened the wound, and found no bleeding what-

ever. In the course of this examination, the ligature, which had been on some vessel in the first instance, came away, but no bleeding then occurred, and the wound was closed. On the following day, however, a profuse hæmorrhage came on again, and under this the patient died. I examined the body myself; (I must observe that the patient was not under my care, it was long before I was surgeon to the hospital;) I found a deep wound that extended to the bone, and had divided the brachial artery, with the accompanying veins and nerves. The extremity nearest to the heart, on which the ligature had been placed, was closed. The orifice was filled by a coagulum, so that no blood could have come from it; but the inferior extremity of the artery was open, and no doubt, in this case, the patient bled to death from the lower orifice of the wounded vessel.

The observations that I have now made to you relate to the course which you are to pursue in treating wounds of the arteries when the trunk is completely divided transversely; but there may be an imperfect transverse division of the artery, or the artery may be wounded longitudinally, or it may be wounded obliquely. In any of these cases you must follow the course that I have already mentioned, that is, you must tie the artery above and below the situation of the wound. This plan of tying the artery is still more necessary in these partial wounds than in the complete division of the tube. The partially wounded artery is placed under less favourable circumstances, as regards the natural cessation of hæmorrhage, than a completely divided vessel. A partially divided artery cannot retract into the sheath; the orifice of a partially divided artery does not contract towards a central point, so as to close it up. Thus we find, that the contraction and retraction of the arteries—the two circumstances principally conducing to the natural cessation of hæmorrhage, are both wanting. It is true that these partial wounds of an arterial tube, like a complete division, may, in some instances, admit of a spontaneous cure, particularly if the external wound be small. If effective compression be made upon the arterial trunk; if the limb be kept completely at rest; if the patient should altogether remain very quiet; and if such a course generally should be pursued as is calculated to diminish the force of the circulation, under such circumstances either entire or partial wounds of arterial tubes, even of considerable size, may be spontaneously cured; but such is an exception from the ordinary course, and we cannot calculate upon it as a regular occurrence; nor should the fact that such cures do occasionally happen, lead us to neglect the general rule of tying the wounded artery, that being the only mode by which we can place the patient in safety. In some instances, where a puncture of an artery has been made, and been very small, (such, for example, as a wound in the brachial artery, which occurs in bleeding,) by the employment of pressure, and other means, the wound in the artery closes without the tube being obliterated, and it is healed much like the wounds which unite by adhesion in other textures of the body. But these are rare occurrences; and, generally speaking, whenever spontaneous cure does take place in the partial wounds of arterial tubes, it involves the obliteration of the vessel in the situation where the wound has been received.

The observations that I have now made to you relate to those wounds of arteries which are accompanied by free external wounds, where there is complete exposure, so that we can find out the bleeding vessel, and do what we please with respect to it. But in many instances arteries are wounded by punctures. You have a wound of a considerable artery where the external orifice is small, and seated at a considerable distance from the division in the blood-vessel. Under such circumstances, a profuse rush of blood takes place at the time that the injury is received, supposing that a large artery be wounded; but as the blood escapes more slowly in proportion as the circulation becomes enfeebled, it at last coagulates in the track of the wound, and thus prevents further hæmorrhage. The patient faints, and a much less quantity of blood is lost than would have been the case had there been a free external aperture in the neighbourhood of

the wound in the artery.—In this way you may have the femoral, or even the axillary artery, wounded in any part of their course, and yet the patient may not bleed to death. The blood does not escape freely through the wound; and thus the hæmorrhage is stopped before such a quantity is lost as produces a fatal result. In the reduced state of the circulation which takes place, ending in fainting, a coagulum may probably form in the orifice of the wounded vessel, and this stops the bleeding for a time. The patient, however, recovers; the circulation becomes nearly natural again; the coagulum is forced out, and the bleeding may return after one, two, or more days. Profuse hæmorrhage may come on again, which hæmorrhage is repeated from time to time; and in the end, either the surgeon cuts down, and secures the wounded vessel, or the patient dies from these repeated losses of blood.—Sometimes the bleeding from the wounded artery is checked so long, either by a coagulum forming in the tube, or in the track of the wound, that the external opening absolutely becomes quite united and healed; yet the artery, although it does not bleed externally, bleeds internally. Blood is injected into the cellular substance immediately surrounding the vessels and their sheaths; it is effused into the cellular substance between the muscles of the neighbouring parts; and thus tumefaction arises, first, in the neighbourhood of the wounded vessel, and then it extends, more or less, to the soft parts around it, often increasing the size of the limb to a very considerable magnitude. In this latter case, the swelling, I should observe, particularly in the immediate neighbourhood of the artery, pulsates. This is the kind of case which has technically been called a *diffused, false aneurism*. The tumour that takes place has this character, in common with aneurism—swelling, with pulsation. But the swelling is not circumscribed; it is made up of an irregular injection of blood into the cellular texture, immediately surrounding the artery, and which extends to the various contiguous parts. Thus it is said to be a *diffused*, in contra-distinction to a *circumscribed* false aneurism. In this way you may find that nearly the whole of the cellular texture of the limb may become distended with blood injected into it from the wounded artery; and you may have tumefaction which occupies nearly the whole of the member.—The course of proceeding in either of these cases is just the same as that which I mentioned to you as fit to be adopted in cases of complete transverse division of the artery in an open wound. You must find out the wound in the artery, and secure it by a ligature; and unless you do this, the patient continues in danger of his life, and the surgeon must be kept in a state of the greatest anxiety and alarm. It is important that you should do this as early as possible; for if hæmorrhage takes place from the wound, and if it still remains open, the repetition of the hæmorrhage in cases of important arteries, such as the femoral, though it may be of short duration, is attended with imminent risk to the life of the patient; and I have just mentioned to you a case where a patient bled to death even from the inferior orifice of the brachial artery. If it is a case of diffused false aneurism, the longer you delay the operation the more difficult it becomes; for as the swelling becomes more considerable, the relative position of the parts is more difficult to ascertain; you have a greater depth of parts to divide before you arrive at the wounded vessel, and you perform the operation altogether under increased difficulties of every kind. There is another source of difficulty in these cases: in order to protect the patient from sudden death, it is common to put a tourniquet upon the upper part of the wounded limb: now the application of this instrument is attended with excessive pain, and a general swelling of the limb below the part where it is placed. Thus all the circumstances that take place increase the difficulty of the operation; and in fact, these difficulties become more and more considerable the longer the operation is delayed. The wisest plan would be, to cut down upon and take up the vessel immediately after the accident has taken place, if it be practicable, for then the parts are free from effusion and swelling, so that you have all the natural guides to direct you in seeking for the artery.

The operation of cutting down upon and securing the artery in some of these cases is a very serious, and indeed a very difficult one; so that it is necessary for you to be quite clear respecting the nature of the case before you commence an undertaking of this kind. Perhaps you have not seen the patient immediately at the time that the wound has been received—you do not know the circumstances that have occurred, and you must be satisfied to trust in a great measure to the report of others, in order to guide your judgment upon various important points. In the first place, you would have reason to suppose that an important artery has been wounded if profuse hæmorrhage took place immediately after the accident, and particularly if you ascertain that it has been arterial;—in the next place, if there be a recurrence of free hæmorrhage some time after—if both these circumstances have taken place in the case, there can be no doubt that an artery, and that, too, of considerable magnitude, must have been wounded. You generally derive some information respecting the probable nature of the wound by observing the state of arterial pulsation in the vessels of the limb beyond the situation of the injury. If the main artery should have been seriously wounded, you will probably find that the pulsation is either suspended, or at all events materially altered, in the vessels that are situated beyond the injured part.—Then, having ascertained these points—having established your diagnosis so far as circumstances enable you to do this, and having come to the conclusion that an artery is wounded, and that it is necessary to take it up—you proceed to perform the operation, first placing a tourniquet on the main arterial trunk, above the situation of the wound, or having it compressed by an assistant. You observe, of course, the situation of the external wound, and ascertain, if you possibly can, the direction which the instrument that inflicted the injury has taken. Thus you may be led to infer with some accuracy the situation in which the artery has been incised. You must then make a free incision over that situation, and you will find much advantage in making a large opening in such a case; for you generally want much room where the arteries that are wounded lie deep, and unless you make an incision of considerable magnitude, you have to enlarge it afterwards, or are embarrassed in finding out the artery, in consequence of the opening being too small. When you have made the incision—supposing it to be a case of diffused false aneurism—you find when you cut into the tumour, that you come to a quantity of recently coagulated blood; and when you have taken that out, and cleansed the wound by means of a sponge, you very commonly find that the wounded artery is dissected already for you, by the injection of blood into the cellular texture: you see the artery lying before you, and are able to discern the opening—that is, as soon as you loosen the tourniquet, or relax the compression on the arterial trunk: you have then no difficulty in being able to tie the vessel in the situation of the wound.—Some years ago a patient was brought to this hospital who had received a wound of the femoral artery in the lower part of the limb: I think it was inflicted by a knife, which opened the artery, where it passes through the tendon of the triceps. The patient lost a large quantity of blood, and considerable hæmorrhage took place three or four hours after the receipt of the injury. It was found necessary to make an opening in the situation of the wound, and take up the artery. The place where the vessel was wounded here was deep, and there was a great deal of difficulty in finding it; however the wound was dilated, and the vessel laid bare, when an opening was found in the artery about three-quarters of an inch in length—it seemed to have been slit longitudinally. A ligature was placed on the artery above the wound, and when it was so placed, and the tourniquet was loosened, the artery bled very freely from the lower orifice. Of course from that circumstance—though even otherwise it would have been deemed necessary—but that circumstance clearly showed the necessity of tying the lower orifice of the artery, which was secured accordingly, and the patient did very well.—I also remember the case of a boy brought to the hospital a great many years ago, who had had a knife fall

obliquely on the upper part of his thigh. A large quantity of blood flowed from the wound at the time of the accident, but he fainted, when the hæmorrhage stopped, and the wound was brought together. In that case a swelling formed on the anterior and upper part of the limb; it was a case, in fact, of diffused false aneurism. The wound here was seated so high up that the tourniquet could not be applied, and it was necessary to compress the artery where it passed over the bone. In laying bare the artery, I cut through the skin, and took out the coagulum: now in this case, as I have already mentioned, the artery was found very free, insulated by the injection of blood, so that it was easily taken up, and two ligatures were applied. Such is the course you are to pursue in cases of this kind.

In some of these injuries, the exact situation of the wound, the vessel itself, in fact, that is wounded, is uncertain. The vessel may, perhaps, be wounded in a part of the limb where it is very deeply seated, and the surgeon experiences considerable difficulty in exposing and securing it. Hence he is led to inquire whether the end might not be equally answered by taking up the main artery of the limb at a higher point, in some situation where it is more easily accessible. Supposing the vessel is wounded in the ham, for instance, it might be supposed that the femoral artery might be easily tied in the situation where it is ordinarily operated on for popliteal aneurism. Now when the artery is tied above the situation of the wound, the hæmorrhage from the wound below is stopped for the time, and in some instances it is stopped permanently; but in the majority of cases, although it is stopped for a time, it recurs after a longer or shorter interval. Thus, at last, the necessity arises for securing the vessel in the situation where it has actually been wounded.—I remember an instance which occurred in this hospital a great many years ago, illustrating this point. A woman received a wound from a piece of glass, about the middle of the fore-arm. A pointed piece of glass struck her on the fore-arm, penetrated to an uncertain depth, and produced a wound, from which free bleeding took place at the time of the accident. The wound was brought together, however, and a compress applied, and the parts seemed to heal over. There was a kind of scab formed, and this scab had given way twice, and profuse bleeding had taken place, which, as far as could be ascertained, was of an arterial character on each of these occasions. This woman came to the hospital at the end of three weeks from the accident, and the above was the account she gave of herself. Profuse bleeding had taken place at the time of the accident, and two recurrences of such bleeding, on the scab of the wound giving way. When she came to the hospital, there was a considerable swelling upon the anterior part of the fore-arm, which pulsated in the situation where the wound took place. After she had been a short time in the hospital, the wound gave way again, and another free arterial hæmorrhage took place from it. On considering the circumstances of this case, it seemed very doubtful what vessel was divided, whether it was the radial or the interosseal. It was quite uncertain how far the glass had penetrated, and it was, therefore, judged proper to try the effect of tying the brachial artery. This was done with two ligatures, and was followed by a cessation of the hæmorrhage at the time, but soon after the pulse could be felt at the wrist, and a slight pulsation occurred in the situation of the tumour. The patient was kept quite quiet, evaporating cloths were laid on the arm, and all the means adopted which were calculated to lessen the force of the circulation: however, on the eighth day after the ligature was placed on the brachial artery, the original wound again gave way, and free arterial hæmorrhage took place from it. This showed the necessity of cutting down in the situation of the wound, and securing the bleeding vessel. The tourniquet was applied, an incision was made, and then the radial artery was seen with an opening involving about half its circumference. The tourniquet was slackened, and the blood flowed freely from both extremities,—from that portion nearest to the heart, and from that most remote. A ligature was applied above and below the wound,

the artery was cut across between them, and the case terminated favourable.—A soldier received a wound in the calf of the leg, at the battle of Albuera. The ball went in at the posterior part of the calf, and came out in front, on the other side of the tibia, having passed between the bones. Very free bleeding took place at the time of the accident. This occurred on the 16th of May, and on the 15th of June hæmorrhage to a very considerable extent, and of arterial character, took place from the wound; and as the precise situation of the wound in the artery was quite doubtful, and as the bullet passed through the thick part of the calf of the leg, the surgeon took up the femoral artery just above where it passes through the tendon of the triceps. This arrested the hæmorrhage at the time, but, about three or four days after, bleeding again came on from the wound, and it was deemed necessary to amputate the limb. It was found on examination that the anterior tibial artery was the one injured by the bullet.—These facts show you that you cannot trust, in the wounds of arteries, to ligatures of the arterial trunk above the injury: the freedom of the collateral circulation is so great in all parts of the body, that you find hæmorrhage will take place from the wound of an artery, although you may have tied the main trunk higher up. Hence it is very necessary, in all such cases, if possible, to cut down and secure the wounded artery in the situation where the injury has been received.

ANEURISM.

I next proceed to speak to you of *aneurisms*. An aneurism is a tumour usually attended with pulsation, formed by a general or partial dilatation of an artery, or in consequence of a wound, rupture, or ulceration of some part of the coats of an artery. The tumour which accompanies an aneurism is hollow, and filled, during life, with blood either in a fluid or coagulated state. The tumour is continuous with the artery on which it is formed; indeed the sides of the tumour itself consist either entirely, or at all events in part, of an expansion or continuation of the proper tunics of the artery. The hollow tumour, then, thus formed and thus filled with blood, constitutes what we call the sac of the aneurism; in fact, it is the aneurism itself. But we speak frequently of an *aneurismal tumour*, or an *aneurismal sac*—the sac meaning that portion of the swelling which is formed either of the dilated or ruptured portion of the tunics of an artery. Then there is a free communication between the tube of the affected artery and the aneurismal sac; and that communication either consists of a single opening, which may be circular or oval, or slit-like, or it may consist of two openings—that is, the artery proceeding from the heart opens into the aneurismal bag at one point, and at some distance there is an opening leading to the continuation of the trunk further on in the limb.—[Mr. Lawrence here presented two specimens, remarking]—Here is an aneurism seated on an artery where you observe there is a single aperture: this is the arterial tube cut open; this is the aneurismal sac; and you see a single opening, measuring about one inch in diameter—it is of an oval shape. Here is another aneurism, where there are two openings; this is an aneurism of the subclavian and axillary arteries. You observe there is a considerable interval between the two openings.—The general doctrine respecting aneurisms has been, that there are two kinds of the disease; one consisting of an uniform dilatation of the coats of an artery, and the other of a partial enlargement of these coats, or rather a rupture or giving way of the coats, so that the aneurismal sac is formed only in part by the tunics, the rest being composed of the cellular sheath of the artery or other surrounding parts. These two kinds of aneurism are distinguished by the terms *true*—and *false*, or *spurious*; true aneurism having been considered to be that which is composed of the uniform and general dilatation of the coats of an artery; false or spurious aneurism, that which is produced by the partial giving way of the coats.—The propriety of this ancient division of aneurism has been called in question by Scarpa, who has endeavoured to show that there is in fact no such thing as true aneurism, but that all aneurisms are false—that

is, that they consist in a partial ulceration or giving way of the coats of an artery, in consequence of which the blood comes into contact with the cellular sheath of the vessel, distends it, till, by its enlargement and ultimate giving way, the blood comes in contact with the various surrounding parts, which then compose the aneurismal sac. The accurate investigation into the nature of the formation of aneurisms which has followed, in consequence of the promulgation of this opinion of Scarpa, has tended to show that the ancient opinion is the correct one—namely, that there is a general dilatation of the arterial tube, or true aneurism; and also that certainly a great proportion of cases consist of what, according to the ancient division, would be called false or spurious aneurism—that is, aneurism formed by ulceration and the partial giving way of some part of the arterial tunics. A true aneurism is, in fact, a dilated artery; and such aneurisms are chiefly seen in large vessels, like the aorta. They may take place to a considerable extent there, as this preparation [exhibiting it] evinces. This is a large aneurismal sac, measuring some inches in diameter, and it is composed of a general dilatation of the artery; so that, if you examine any part of the sac, you find it consists of three proper tunics—the external or fibrous, the middle, and the internal. In those cases where the arteries are thus dilated, we find that the arterial tunics are considerably diseased—that is, they become thickened, and on the internal coats are cartilaginous and osseous depositions; so that it is not merely a dilatation, but a dilatation of the vessel accompanied with important diseased alteration of structure.—[Mr. Lawrence here presented various preparations in illustration.]—The great majority of aneurisms, however, and particularly those that we have to operate on—that is, those seated in arteries of the second magnitude, as in the primary branches of the aorta—are aneurisms of the false or spurious kind, according to the ancient division. Scarpa states that they are formed by a partial ulceration of the internal and middle tunics of arteries; that these become destroyed at a certain point; that the blood passes through the opening thus made, and distends the external or cellular coat of the artery into the aneurismal swelling. [Mr. Lawrence here showed a specimen.] This seems to exhibit the process. There is here a small swelling formed upon the abdominal aorta. There is a little round opening, showing where the coats had given way, and through which the blood had passed, distending the external coat of the vessel. This specimen seems to correspond pretty nearly with the description Scarpa has given of aneurism in the early stage. It is very uncommon to meet with an example illustrating this early period of the formation of aneurism, and I must observe that this is a part of the doctrine of Scarpa which is defective in evidence. We have abundant examples illustrating the progress of these aneurisms when they have attained some size, but Scarpa does not give any cases, or representations by figures, of the incipient stage of such affections—that is, in which the internal and middle coats are ulcerated, and the blood is making its way to the external coat, so as to form aneurism. That part of his description cannot be considered as made out satisfactorily. We know, on the contrary, that the aneurism of which I am speaking may form by a partial dilatation, including all the three coats of the vessel. We meet, not uncommonly, with such partial dilatation of the arterial tube; and in the small aneurism thus constituted we can trace all the three component parts of an artery, but we can see no such actual ulceration or giving way of the middle and internal tunics; on the contrary, we observe at the commencement of the affection an uniform dilatation of the three arterial tunics. When this dilatation has gone to a certain point, the internal and middle coats of the artery do not seem to admit of further extension. They then give way by ulceration, and thus the cellular sheath of the artery becomes exposed, so that the blood comes in contact with it, and thus it forms a part of the aneurismal swelling. This distends and gives way to a certain extent; and then, in proportion as the aneurism increases, the neighbouring blood-vessels or

tendons, or nerves, or muscles, become involved in the progress of the tumour, and form part of it. Thus, in the case of spurious aneurism, the tumour may rather be said to be a swelling formed upon an artery than to be a swelling of an artery. We find the artery, in three-fourths of the circumference, quite entire, but in the remaining part there is a portion which has given way, and the opening communicates with the sac of the tumour.—The specimen which I have just exhibited illustrates the mode of formation of an aneurismal swelling of this kind. If you look minutely at it, you see a giving way or opening of the vessel, and that the tumour is formed round that aperture like a kind of lump or knot. It is by no means a general dilatation of the artery; you see that it is a swelling formed on one side of the vessel.—[Mr. Lawrence then presented a drawing from the preparation he had just exhibited. The circumstance, he said, was perhaps rendered a little more clear in the delineation than it could be in the preparation. In the plate was seen a small opening, and the swelling was obviously a tumour formed upon the artery at one spot, the main tube of the artery not being interrupted by it; such being the nature and appearance of false aneurism formed upon a large arterial trunk. A second plate represented a small tumour of the descending aorta, somewhat analogous to the preparation he had shown; it formed a swelling seated on the anterior part of the vessel—an appearance, Mr. Lawrence remarked, very different from the general enlargement of the tube, observed in true aneurism. A third plate represented a view of an incipient dilatation—the early stage of true aneurism.]—Now you observe, from this view of the sac, that an aneurism is differently formed in the different species of the complaint. In the true aneurism, the sac of the aneurism is, in fact, composed of the regular arterial tunics, just the same as make up the tube in its healthy state. But in spurious aneurism you find you can only trace the arterial tunics from the healthy tube through the opening into the beginning of the sac; you find for the space of an inch, or an inch and a half from the healthy artery, there is a smooth, internal lining on the inside of the sac, but then you come to a point where the internal coat appears with a ragged edge, and from that point the sac of the aneurism is formed by the consolidation of the cellular membrane of the parts in which it is developed; the muscles, or tendons, or nerves, being implicated, and forming a part of the sac. Indeed, the cellular membrane that becomes successively involved in the aneurismal swelling undergoes the same kind of change which the cellular membrane does in the neighbourhood of phlegmonous inflammation of any kind. Adhesive inflammation takes place, by which it is consolidated and rendered firm, so that it is converted into a dense texture, which confines the blood, and forms a kind of regular membrane, and this same consolidation extends to the muscles and nerves and other parts that are accidentally included in the progress of the aneurismal tumour.—There are hardly any limits to the swelling in a case of spurious aneurism, because if there is an abundance of cellular substance and of the surrounding parts for the aneurism to extend itself in, it goes on increasing in size. When an aneurism comes in contact with bone, it produces absorption of that bone. Thus in the case of an aneurism seated in the aorta, when it approaches towards the parietes of the chest it makes its way through the sternum, through the ribs, and even through the vertebræ.—In the same way you may have an aneurism of the descending aorta penetrating through the ribs behind to the back, so that there is hardly any limit in such circumstances to the possible increase in the size of the aneurism. The dimensions to which these spurious aneurisms may attain, and the length of time that will occur before they give way, depends therefore upon the nature of the parts in which they are formed, and upon the quantity of cellular substance that is seated between the artery and the external surface, as well as on the greater or less resistance that is presented to its increase.—An aneurism will sometimes take place in the aorta, in that part of the vessel which is covered by the pericardium. There is merely the pericardium, externally, and the cellular substance

which connects the pericardium to the tube. Aneurisms here generally burst when they have attained the size of a hazel-nut, or at the largest, a walnut; but when they are seated in the lower part of the descending aorta, you may have an aneurismal tumour formed capable of containing two, three, or more pints of blood.

Inasmuch as the blood which is seated in an aneurismal tumour is out of the direct course of circulation—inasmuch as it is not constantly impelled through the vessels in the way that blood naturally is, it has a tendency to coagulate in the aneurismal sac. We find, in fact, that when the aneurism has attained even a moderate size, the fibrin of the blood is separated, and forms a thin stratum, lining its internal surface. The fibrin is separated, that is, the stratum that lines the aneurismal sac is of a greyish or light brown colour, consisting of part of the blood without the red particles. The fibrin is deposited in successive strata one after another, and thus the cavity of the aneurism becomes lined by numerous successive layers of coagulum, adhering in the first instance to the sac, and then successively to each other. This is called a *laminated coagulum*, because when you open the aneurismal tumour after death, you find besides this that the rest of the cavity of the aneurism contains a large quantity of recently-clotted blood—that is, the blood which may have happened to be in the aneurismal tumour at the time of death coagulates, and appears like a recent clot. But that is quite a distinct matter from the tough, light yellow, or brown stratum of fibrin which lines the sac of the aneurism, and closely adheres to its surface.—The recently coagulated blood comes away easily—we wash it out of the sac; but these lamina remain firmly adherent to the sac, and we cannot separate them unless we use considerable force. I am surprised to find that sometimes these laminated coagula are spoken of as if they were an actual deposition of lymph: there is, in my opinion, not the slightest ground for such representation. It seems to me perfectly clear, that these are separations of the fibrin taking place from the blood that circulates through the arterial tube gaining admission to the sac of the aneurism through the aperture in the sides of the vessel;—they are not organized, although they are tolerably firm, and adhere to the side of the aneurismal sac. There is no pretence whatever for saying that they are organized; they receive no vessels, and they do not seem at all to admit of organization. Now the natural progress of an aneurismal tumour is to become larger and larger; at the same time it gradually advances towards the surface of the body. Like a collection of matter, or like a tumour of any kind in the cellular substance, it elevates the skin and forms an external tumour, and the side of the cavity becomes thinner and thinner till it bursts. Although coagulum may be deposited in other situations, we do not find that it is formed at that part where the aneurismal tumour is advancing to the surface. When the integument has become very thin, the aneurism ultimately gives way; and this occurs in a different manner under different circumstances. Very commonly the integument is rendered so very thin that it is deprived of vitality, and a slough forms at the most prominent part of the skin; and when the slough separates, the blood in the aneurismal sac escapes, and free hæmorrhage takes place. The patient either dies now, or the hæmorrhage stops for a short time, but is soon repeated, and ultimately proves fatal. Sometimes the integument, instead of sloughing, ulcerates; sometimes, particularly in cases of internal aneurism, it gives way by actual rupture, or bursting. I have alluded to the cases of small aneurisms forming on the aorta, within the covering of the pericardium: these, when I have seen them, have given way by rupture; there has been an actual rent or breach in them, found on examination after death, just as if you had lacerated the part by force; and in some other instances of internal aneurism I have seen the same thing.

Now sometimes there is a bursting of the sac into the cellular substance, by which an aneurism that in the first instance has been circumscribed becomes diffused. The aneurismal tumour increases in the way that I have described for a certain time, slowly augmenting in size; but the patient is aware

suddenly—perhaps in consequence of some effort—of a rupture, as of something giving way; at the same time there is an immense increase in the size of the tumour. I have seen this in an aneurism seated at the bend of the thigh in the groin, and in the axilla. I have seen it also occurring in the ham; and when such an aneurism has been examined, that portion of the aneurismal tumour immediately in contact with the artery has been composed of a continuation of the arterial tunics, and the rest has consisted of the condensed cellular membrane, and other surrounding parts. Under other circumstances it has generally been made up of vessels, nerves, and other parts not much altered. The sac has burst, and thus the surrounding parts receive the blood from it; a kind of internal bursting of aneurism, by which, in some instances, a great increase takes place in the size of the external tumour.

But aneurisms do not always end thus unfavourably; they admit of cure by natural processes and by artificial means. The deposition of the fibrin of the blood, which I have already adverted to, proceeds sometimes until the cavity of the aneurism is filled up, so that the tumour is converted into a solid swelling, and the passage of the blood into it is completely obstructed. Thus the impetus of the blood, entering the aneurism from the artery, is entirely prevented, and the process by which the increase of the aneurismal tumour should be continued, is put a stop to. Under such circumstances the sac contracts, the fibrin that has been deposited in it becomes absorbed, and this process goes on until the coagulum by which the sac has been obstructed is entirely removed; the tumour becomes solidified, and the artery itself is reduced to an impervious fibrous cord. In this way the aneurism terminates, by the natural obliteration of that part of the artery which has been the seat of disease. You have already seen that the tumour that constitutes the aneurism is seated upon the trunk of the artery. Now if the situation of the parts behind the arterial trunk be such as to limit and prevent the natural extension of the tumour externally, the tumour must be increased either in a direction downwards or upwards, so that a considerable portion of the tumour will lie actually upon the arterial trunk, either upon that portion of the trunk which is immediately above the origin of the aneurism or that which is below it. Under such circumstances, if the external parts continue to press upon the tumour, so as to prevent its extension externally, the tumour compresses forcibly the trunk of the artery. Thus the pressure of the aneurism itself may bring together and keep in contact the sides of the artery either above or below the original seat of disease, and thus lead to the obliteration of the vessel.—I remember examining a patient in this hospital who had died of an aneurism, or rather in consequence of an aneurism, seated in the external iliac and femoral arteries. In that instance, the pressure of the tumour had produced a consolidation of the lower orifice of the artery, and for two or three inches of the arterial tube immediately contiguous to it. It must be obvious to you, that if the tumour had pressed upon the superior instead of the inferior orifice of the artery, the occurrence of the same consolidation would have been a natural cure for the aneurism.—There is a third way in which aneurisms are spontaneously cured—that is, by the occurrence of inflammation and sloughing in the aneurismal sac. I have already mentioned to you, that the most prominent point of the aneurismal tumour will slough when the integument has become very thin, and in that way the aneurism breaks externally. But I am not now speaking of a slight partial sloughing, such as that, but of a general inflammation of the whole aneurismal sac, ending in the sloughing of a considerable portion of it. Such an inflammation is attended with a high degree of local disturbance, great redness, violent pain and heat, with a corresponding febrile disturbance of the system. Matter will form in the sac and the integuments round it, and the external covering of the sac will slough; and while this process is going on, the blood coagulates in the aneurism, and generally also in that part of the arterial trunk which communicates

with the sac. You might at first expect that sloughing of the aneurismal sac would lead to fatal hæmorrhage, when it gives way; but you will remember that in this case the same circumstance occurs as in the sloughing of a considerable portion of the extremity of the body; in fact, before the part actually perishes, there is a coagulum of blood formed in the vessels, extending considerably higher than the actual seat of the mortification. The same occurrence in the aneurismal sac has the salutary effect, not only of preventing hæmorrhage when the slough gives way, but, if the strength of the patient should be sufficient to support him through the general disturbance that attends the process, it will lead to his final restoration.—There are three ways, then, in which aneurism may be cured spontaneously, by the changes that take place independently of any interference of medical or surgical treatment. The increase of the deposition of fibrin in the aneurismal sac, leading to its gradual filling up and obstruction—the obliteration by pressure of the extremity of the artery communicating with it;—the inflammation and sloughing of the aneurismal sac, and the coagulation of blood in the extremities of the arterial trunk, leading to its final obliteration.

When aneurisms are cured by any of these natural processes, the arterial trunk in which the disease has been situated is found, on examination after death, to be obliterated; that is, the trunk is filled up, it is converted into a solid fibrous cord, the artery is no longer pervious, and this process of obliteration extends upwards and downwards in the trunk as high as the nearest collateral branches, sometimes occupying the space of two or more inches.—I remember the case of a patient in this hospital, a great many years ago, who had a large aneurism of the axillary artery. He said he had a similar tumour, though perhaps rather smaller, in the axilla of the opposite side, and described so accurately the nature of the tumour as to leave no doubt of the truth of what he said. He died in consequence of the aneurismal tumour which I have mentioned, and which gave me an opportunity of examining, after death, the artery of the opposite side, in which the patient said there had been a pulsating tumour, which had gradually grown to the ribs, and been finally cured. I found the artery reduced to a solid impervious cord, which probably was the situation of the aneurismal tumour. There was a tumour about the size of my thumb—it was an aneurism that had undergone the natural cure, and was about an inch and a half in length.—[Mr. Lawrence here exhibited a specimen of aneurism of the aorta, in illustration of this. The aneurism had been cut in two; it was a small tumour, about the size of a large walnut, and had become filled by a laminated coagulum. The aneurismal sac was firmly attached to the artery, and the coagulum had a firm smooth appearance. Mr. Lawrence also presented another preparation, where he said the same process seemed to have been going on; though here a considerable part of the cavity of the aneurism remained;—but a large quantity of laminated coagulum had been deposited, so that it was in the early stage—the process of obliteration not having gone quite so far.]

SPIRIT OF THE MEDICAL PRESS.

INFLUENCE OF CLIMATE ON THE DURATION OF LIFE.

THERE has been considerable difference of opinion on this point among statistical writers. While Casper and Siismilch assert that it is neither the climate nor the soil of the country which is inhabited, but only man himself considered as a collective being, that regulates the duration of life, M. Moreau de Jonnés, (a French academician who, our author says, has greatly abused statistics)—has distinctly declared that a cold and even a rigorous climate, especially in the neighbourhood of the sea, is directly favourable to the prolongation of life. Let us briefly endeavour to ascertain how far ascertained facts bear out this assertion.—The mortality among the Icelanders has been estimated at one in every thirty-three of the in-

habitants—a proportion which is somewhat less than in some districts of France and Spain, such as in the Departments of Vaucluse, and the Eastern Pyrenees, and very considerably less than among the Russian-Greek population. It exceeds only by one or two per cent. the average mortality of the Prussian dominions, which would seem to be actually greater than that among the slave population of Havannah. But then the average duration of life in England, France, and Belgium is considerably higher than in Iceland—by at least ten years in the first, and seven years in the latter two countries.—Again, to show how little the mere influence of a cold climate, apart from other circumstances, can be deemed favourable to the prolongation of life, we may state that, whereas there is a mortality of one in every 25.8 of the Russian-Greek population, and the average duration of life does not exceed 21 or 22 years, the mortality in some districts of Switzerland, where the climate is quite as severe as in Russia, does not exceed one in every forty-nine of the inhabitants, and the average duration of life is nearly as high as forty-nine years—a ratio which exceeds the former by at least a double.—Then let us take an instance of two climates, strikingly opposed to each other—viz. humid and marshy Holland on the one hand, and sandy Brandenburg on the other. And yet, if we examine the bills of mortality in these two countries, we shall find that they exhibit a very marked approximation, the one to the other; as appears from the following table, published in the inaugural dissertation by Casper and Wiskott.—The average duration of life is—

At the age of	In Holland.	In Brandenburg.
0 years ..	34.5 years ..	30, years.
5 " ..	44.4 " ..	44.3 "
10 " ..	42.6 " ..	42.8 "
20 " ..	36.2 " ..	35.6 "
50 " ..	19.4 " ..	17.7 "
70 " ..	9.1 " ..	8.1 "

From these and similar data we may reasonably conclude, that temperate climates are most favourable to the duration of life, but that those, the rigour of which is excessive, may be, to a certain extent, overcome by human intelligence.—We do not, however, assent to the opinion of Casper and Siismilch, as to the utter nullity of the influence of climate; but, as to that of M. Moreau de Jonnés, it is utterly untenable. The error of the latter gentleman has probably arisen from his having confounded the general or average duration of life with the mere ratio or frequency of extreme longevity. Instances of this—extreme longevity—are more frequently met with in hot and in cold, than in temperate climates. Every one may have heard of the number of very aged people among the inhabitants of Iceland, and some other cold islands. But it does not necessarily follow that the average duration of life is unusually prolonged.

HAS THE DURATION OF LIFE INCREASED?

This is a question which is of no easy solution, in consequence of our almost entire want of accurate information on this subject in remote times. There are, indeed, two historical fragments, which may, in some measure at least, assist us in this inquiry. The first is from the writings of Herodotus, who, in treating of the kings of Egypt, says, "three hundred generations make six thousand years; for three generations are equivalent to one hundred years." Although it is by no means certain whether this expression is meant to apply to the generations of the kings alone, or to those of the Egyptian people generally, or to those of the Greeks, we must acknowledge that the figure mentioned by the old historian

agrees very nearly with the medium duration of generations in modern times. M. Villot has estimated this in the case of the male population of Paris at 33½ years, and M. Quetelet at 40 years, in the case of both sexes in Belgium. (This latter estimate is acknowledged to be considerably too high.)—The second fragment is from the works of Ulpian, who lived at the beginning of the third century.—He gives a table of the probability of life among the Romans, taken at different ages, for the purpose of making certain calculations. But its results being so widely different from those of any well-authenticated tables, it must certainly be confessed that no importance can possibly be attached to them.—According to the researches of Marshall, it would seem that the probable life among the inhabitants of London has increased by about seven years within the last century, and the average life, during the same time, by about five years; the latter being, in 1728—39, 25 years; and in 1820—29, 30½ years. A still greater augmentation than this seems to have taken place among the inhabitants of Geneva, where life has gained, it has been calculated, nearly 40 years in the course of two centuries. This very rapid increase is, however, doubtless attributable, in part at least, to the cessation of the plagues and famines which used frequently to devastate this republic. At Berlin also, the value of life has, it is calculated, increased by 4½ years in the course of half a century. We must not forget to mention here the important discoveries of Mr. Finlayson on this subject. This gentleman has found that the mortality throughout England has singularly diminished during the past century; but that this diminution has not been equal at all epochs of life, nor to the same extent in the two sexes; for while the mortality among youths and adult men seems to have remained nearly stationary for the last fifty years, that among girls and women has decidedly decreased.—Mr. Finlayson has also compared with great care, the average duration of life in persons who had insured during the 17th and during the 18th centuries, and he has found that in the course of 96 years there has been a gain of

10 years, at the age of 5 years.	
9	10
9	20
8½	30
7	40
5	50
3	60

These results show that the easy and affluent classes in England have, during the last century, made immense progress in what the Greeks would call *Macrobiotheque*.—This progress, however, has been, as indeed might be expected, much greater among the inhabitants of large towns, than among the residents in the country. We may also add here, that the average duration of life in the whole human race will probably never exceed 33 years, or thereabouts, and that it will need many ages of progress still to come before even this ratio is attained.—Before concluding our remarks, we shall add a word or two on some of the causes which have probably operated in enhancing the value of life in modern times. Not to dwell upon the comparative infrequency of pestilential maladies, the *partial*—would that we were not obliged to use this epithet—subjugation of the small-pox, the superior cleanliness of our large towns, the numerous modes and appliances of relief to the destitute and sick, it may be reasonably believed that the improved condition of the healing art has contributed somewhat to the prolongation of human life.—*Trans. from Bull. Med. Belge, in Dr. Johnson's Review.*

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

The Transactions of the Provincial Medical and Surgical Association. Vol. 8. Pp. 435. Churchill.

Practical Essay on Delirium Tremens; written with a view to elucidate its divisions into distinct Stages, and hence to simplify its method of Cure. By Andrew Blake, M.D., M.R.C.S., Physician to the Nottingham Lunatic Asylum, &c. &c. Pp. 112. Longman.

OMICRON.—*The process may be regarded as occurring to a trifling extent.*

THE MS. *alluded to did not come to hand.*—*The copies have been sent to New York—The American Journal of Medical Sciences—New York Journal of Medicine—Philadelphia Medical Examiner.*

THE APOTHECARIES' HALL CASE *shall be fully enlarged upon, if our correspondent has no objection.* Publicity is the only road to justice.

ENQUIRER.—*The members of the Provincial Medical and Surgical Association hold their next anniversary meeting at Southampton: we understand that the days fixed are the 22nd and 23rd of July.* Dr. Jeffreys, of Liverpool, is the resigning President, and Dr. Steed, of Southampton, the President elect. The members now exceed 1,200, and a very numerous assemblage is anticipated.

DR. LOCOCK, it is said, has been selected as Her Majesty's Physician-Accoucheur. It is rumoured that Dr. Ashwell moved westward, in anticipation of the appointment.

T. B.—*The cash duly received this week.* He will perhaps send a post-office order at the proper time.

MR PARKE'S note came too late for insertion this week.

DELTA.—*Mr. Thomson's kind intentions in reference to Sir Anthony Carlisle at the Westminster Hospital Dinner, were duly appreciated; although, from not being able to find any one willing to do his bidding in the matter, he was unable to carry them into effect.*

MEDICULUS.—*Though Mr. Liston did not bring any great stock of courteous suavity with him from the North for students, yet we can assure our friend, that with practitioners and patients it is tout à fait une autre chose. A short time back, after some operations, a gentleman took the liberty of inquiring if he was going round the wards?—"No," he gruffly replied, "not till the strangers are gone."*

FATAL EFFECTS OF QUACKERY.—*A Surgeon sends the following case:—An inquest was held at Handsworth, on Saturday last, on the body of a girl named Brown, who it appeared had been afflicted with a scald head for some time, and was in consequence taken to a barber named Lampin, residing there. He applied to the heads of the deceased and her younger sister an ointment, which contained white precipitate and oil of vitriol, the effect of which was instant and excruciating pain, followed by inflammation and blistering of the whole surface wherever the ointment was applied. The children became so ill on the Sunday following, that they were placed under the care of a surgeon, who ascertained that severe salivation had taken place in both children. In the elder one it was attended with ulceration and sloughing of the whole inside of the mouth, to such an extent that five of the teeth actually fell out during the progress of the disease; and after lingering nineteen days in dreadful agony, mortification took place, and terminated her existence, in spite of everything which medical skill could suggest. The person who was the cause of this melancholy case was severely reprimanded by the coroner, and on his promising never to use the remedy again, was immediately released.*—*We ask, was not this a case for a criminal court? or is quackery always to go unpunished?*

THE EASTERN MEDICAL ASSOCIATION OF SCOTLAND.—*A Report of the Annual General Meeting of this important body is excluded from want of space.*

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THE MEDICAL TIMES.

ANOTHER DELAY—THE NATURE OF MR. WARBURTON'S MEDICAL REFORM BILL.

ANOTHER disappointment has to be added to the black and dreary catalogue—another delay has been managed, and procrastination still reigns paramount. The long announced "16th of June" arrived in the steady course of time, but Mr. Warburton's "motion for leave to bring in a bill" was not made—the House was counted out, and of course no business transacted.

It may perhaps be as well to say a word or two to those good, simple-minded souls who, unacquainted with the mysteries of St. Stephens, might be inclined to regard it as a most unfortunate thing, that enough members were not present to constitute a house, when a question of such high importance was to be mooted, and who would place the delay to the account of bad fortune, rather than to individual chicanery. To such we would now speak.

When any "Honourable Member" has promised, and lied, and protested, again and again, for the purpose of cajoling those who gave him his seat in the House, or his legislative influence—when, every excuse being worn threadbare, and every expedient exhausted, he is absolutely driven to do something in the House—he is far from being under a necessity to redeem his oft-repeated, and oft-broken pledges. He is able to stand up in his place and give notice of moving "for leave to bring in a bill," or to give "notice of a motion," or to "move for a select committee." This looks like doing something. The fact is stated by the reporters, and repeated and commented upon in leaders and paragraphs. Simple folks might think that something would be done—that something at least was intended to be done. No such thing. A night may be named for the step to be taken, when it is known there will be no house—a night

when it is almost an absolute certainty not enough members will be in their places to constitute a house—such as the *Ascot Race day*—a night when, if there should be the requisite forty, the packing of half-a-dozen friends to whom the signal to leave can be given, will ensure the "House being counted out."

We know Mr. Warburton is fully alive to these legislative ways and means, and shrewdly suspect that when he named the 16th of June he was not unaware that many of his honourable colleagues had large sums at stake at Ascot, and did not forget that many M.P.'s. would swell the "assentblage of brilliant and elegant company" who greeted "Her Majesty and Prince Albert at Ascot."

But we will see what another week will produce, contenting ourselves at present with a faint outline of what the nature of Mr. Warburton's bill will be when it is introduced.

The main features of the measure will be the establishment of three bodies, one in London, one in Dublin, and one in Edinburgh, each empowered to license medical practitioners. *The present corporate bodies are to be left untouched as to their private rights, BUT THE LICENSE OF THE NEW FACULTY IS TO BE THE ONLY LEGAL QUALIFICATION TO PRACTICE.* The bill will also prevent by penalties any person from assuming the title and character of a medical man, who is not authorized to do so, and will also provide that no unauthorized person shall be admissible as a medical witness in courts of justice, or be permitted to hold any public medical office. There is also to be instituted an examination for chemists and druggists.

These are the main points, and we will here leave the matter for a week.

VACCINATION BILLS.

As our readers are already aware, there are two bills now in parliament having for their object the extension of the benefits of vaccination. The first bill was introduced by Lord Ellenborough, and was carried through the House of Lords by him, and sent down to the Commons. When thus far, Mr. Wakley, who never attempted to do anything till a non-medical man had nearly carried a measure—shamed into action, brought in an opposition bill. Of Lord Ellenborough's bill, we gave an abstract upon its first introduction. (*Medical Times*, No. 26.) Mr. Wakley's bill we have not printed, nor do we think it worth while to do so, until it has passed the ordeal of the Committee, inasmuch as he merely proposes to effect an alteration in the details of the measure which Lord Ellenborough has the merit of introducing, and which we have given. If Lord Ellenborough had not introduced his bill, the public and the profession might all have died of small-pox before Mr. Wakley would have introduced any bill for saving them. The merit, therefore, of any change for the better is wholly due to Lord Ellenborough as the prime mover. If Mr. Wakley, upon compulsion, effects any improvement in the details of the measure, his duty and interest alike direct him to do so. The profession have done everything for him, and it behoves him to be up and doing, that by the energy of his later efforts he may remove some small portion

of the stigma which attaches to him, for leaving so obvious a measure of medical improvement to be introduced and almost carried by a non-medical legislator, before he stirred a step in redemption of the pledges of nearly twenty years.

LIBERAL DONATION.

It gives us great pleasure to repeat an announcement from a daily contemporary that Mr. Carmichael has most liberally placed £500 at the disposal of the Council of the Irish Medical Association, for the purpose of advancing Medical Reform. It is to be regretted that money should be requisite for obtaining the recognition of what is but simple justice and good policy—but, as the world goes, money being truly 'the sinew of war,' every praise is due to an individual who will "give something from his pocket," as Lord Brougham has it, to assist the good cause in its struggles with ignorance, prejudice, and monopoly.

WESTMINSTER OPHTHALMIC HOSPITAL.—On Thursday the eleventh annual meeting of the supporters of this charity took place. According to the medical report, 108 in-patients and 3,187 out-patients were admitted during 1839. There had been 35 operations for cataract, 12 by extraction, 22 by solution, and 1 by depression, of these 33 were successful; likewise 15 operations for artificial pupil. Mr. Guthrie addressed the meeting to demonstrate the advantages resulting from the Institution, both in relation to the relief afforded, and to the diffusion of a knowledge of ophthalmic surgery. In reference to this subject we may remark, that it is a pity in the Institution in question, means cannot be devised to confine the relief to really necessitous applicants. On the other hand we regret that members of the profession are not more generally conversant with ophthalmic diseases; but for the ignorance which prevails on the subject, we believe the first evil we have alluded to, and which is to the pecuniary detriment of the general practitioner, would not exist to its present extent. We strongly urge the attention of students to the careful study of ophthalmic complaints, to acquire a familiar and practical knowledge of which, attendance at institutions especially dedicated to this department of surgery is desirable, such as the one we are now noticing, or that in Moorfields. The treatment of diseases of the eye at the Westminster Ophthalmic Hospital is conducted very much on local principles, many say too much, but it is ordinarily very successful. We understand that out of seven cases of strabismus lately operated on by Messrs. Guthrie, perfect remedial success resulted in all except one. Mr. Tyrrel's mode of incising the conjunctiva in chemosis has likewise been frequently resorted to, and we believe beneficially: scientific reports of the results of treatment at this Institution would constitute valuable addenda to our knowledge of ophthalmic surgery.

HOUSE OF COMMONS, June 15th.—Mr. MACKINNON presented a petition, having 400 signatures, from the medical practitioners of the metropolis and others, praying for Medical Reform.—Mr. F. FRENCH presented a petition from the medical practitioners in the county of Down, praying for Medical Reform.—The ATTORNEY-GENERAL said, that he had a petition to the same effect from a number of medical practitioners in Ireland, complaining that though they had taken out their diplomas in London or Edinburgh, yet they were exposed to actions by the apothecaries for not being members of their body also.

THE THIRD OF A COURSE OF LECTURES, DELIVERED BY A PRESIDENT OF A ROYAL COLLEGE OF PHYSICIANS.

LET us turn from the sickening recitals which tend to show the fallacy and self-sufficiency of our nature, when uninfluenced by high moral considerations. We will enter on a more pleasing task—the consideration of mysticism, which indeed embraces by far the most essential part of medical science. I can but descant on it briefly, for to enter fully into its consideration would require volumes. Mysterious sympathies pervade our nature, and place human beings in mutual relationship. Each feeling calls forth a corresponding sentiment—each thought finds its responsive echo. The immaterial world is never still, but ever varying, ever changing, though we be unconscious thereof, and each waning, each change has a peculiar effect in sequence. Now what is disease?—it consists in a want of relationship between our corporeal and spiritual parts—a deficiency of unity in our composition—the frame is jarred into disordered action. Physical remedies may exert a mediate influence over the evils in question, but profound and logical ratiocination will convince us, that by spiritual means we may obtain an immediate effect, far more powerful than all the common resources of medical art can afford—one which, when a hapless individual, perhaps of wealth and station, has apparently bid adieu to that animating and enlivening feeling, which is cheerfulness—which is health—will apparently miraculously recall him to a new existence. This mystic influence will often enable us to encounter the enemy while yet in ambush, "Venienti occurrere morbo," as Horace says—it will detect the monster disease, of whom we may exclaim with Ovid—

—Per multas additum sibi sæpe figuras
Reperit.

But "nascitur non fit" is no less applicable to the physician than to the poet; the development of the spiritual influence in question must be felt—it cannot be described: great minds alone are susceptible of its experience—they become dilated thereby, and go forth glorying in their strength—the ills of mortality flee before them, or perish in their grasp. To this, my friends, you must strive to elevate your minds. Struggle with vulgar errors, and cast them from you even as brands to the burning—the spirit of truth will enter into the vacuum, and will beget a daily increase of power and effulgence. Providence will bless your endeavours, and you will be powerfully aided by the prayers of the dignitaries of our holy church, who in themselves constitute striking examples of material effects produced by spiritual means—their exertions in the spirit produce them annual incomes of thousands of sterling pounds.—When I contemplate this all but miracle, I am tempted to exclaim—"Were I not the baronet, I would be the archbishop!"

True it is, that a part of those who constitute the medical world, have refined the idea of physical agency to the greatest imaginable tenuity. According to the homœopaths, inconceivably minute particles of a medicament act in a most marvellous manner; one might almost be tempted to believe, indeed, that the amount of action is in inverse ratio to the bulk of the medicinal granule. Their theory affords presumptive evidence of the infinite divisibility of matter, a fact hitherto unnoticed. But there is another ingredient in the efficacy of their appliances—viz., the mighty atmosphere of faith which surrounds each microscopic globule.—Faith, my friends, will in our day perform miracles no less wondrous than of yore. I have often found the visitation of Morpheus obtained by the administration of the pilulæ micæ panis,

combined with tincturæ opii guttæ quartâ parte, though the antecedent physicians had been unable, by any ordinary means, to subdue the insurmountable restlessness which existed. I have frequently excited a propulsive action of the alvine canal with grano dividiô rhei subtilitissime pulverisate. Yet there are one or two prescriptive forms to which my spirit yet clings with paternal fondness, and to which I cannot but attribute some real influence. I allude to the decoctum aloes compositum, and the misturam spiritus vini gallici rectificata—the first is often required to persuade the peristaltic function into activity in old and gouty individuals; and many a lady of rank and fashion would sink beneath the fatigues of society—many a popular preacher would lose his fervid eloquence—but for the exhilarating influence of the latter. On the other hand, the Mesmerists claim yet more wondrous powers—a gesture, a manual movement, may constitute the medium of action. How constantly do I experience this!—the pressure of my hand has anticipated many a severe hysterical attack—my approving nod has oft created appetite and insured digestion even in the most dyspeptic individual—and my benignant smile has raised a person from the depths of hypochondriasis. If either of the above systems had emanated from the Royal College of Physicians—that ark of science and high moral feeling—they would then have borne the stamp of truth, but as it is they can only be the subject of collateral and analogical consideration.

PROVINCIAL MEDICAL AFFAIRS.

BATH.—PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION—DISTRICT BRANCH.—At the fourth meeting of this section, held at the Bath Literary Institution on Thursday, Dr. Morgan, the president, opened the meeting with an address, containing some interesting observations on the past and present state of the profession—its present duties and future prospects. The thanks of the meeting were voted to Mr. Soden, sen., the retiring president. Mr. Race Godfrey was unanimously chosen president elect. The Council and Secretary were re-elected, on which occasion special thanks were given to Dr. Barlow.

BELFAST.—MEDICAL SOCIETY.—This society held its anniversary dinner to commemorate its revival in 1822, in Davis's Hotel, Cornmarket, on the 8th inst., S. S. Thompson, Esq., M.D., in the chair. The company numbered twenty-one. The evening was spent in the most social and happy manner.

BRISTOL.—The Bristol Council of the Provincial Medical and Surgical Association have formed a District Branch for this city and neighbourhood, and propose holding their first annual meeting at the Medical Library, Dr. Pritchard in the chair, and afterwards dining together at the Royal Western Hotel.

DOWNPATRICK.—Typhus-fever has prevailed extensively in this town and neighbourhood for a considerable time past, and is not yet declining. It is one of the severe consequences of a bad harvest.

GLASGOW.—Government has resolved to establish a chair of Civil Engineering and Mechanics in the University here, with a salary of £275. Salaries of £100 to the chair of Materia Medica, and of £75 to that of Forensic Medicine, have also been granted.

APPOINTMENTS.

NAVY.—Assistant-surgeon W. T. Rogers, appointed to the Southampton;—J. W. Roberts (additional), to the Victory, for the Success hulk.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Journal de Chimie Medicale.
Annali Universali di Medicina.
Bulletin de la Société Anatomique.
Bulletin Chirurgical de Langier.
Gazette Medicale.
Gazette des Hopitaux.
L'Esculape.
Revue Scientifique et Industrielle.
Archives de la Medicine Belge.
Bulletin Therapeutique.
L'Echo du Monde Savant.
Medicinische Annalen.
Monatschrift für Medicin.
Gazette des Medicin Practiciens.
Journal de Pharmacie.

Tannin in Colliquative Sweats.—The *Bulletin de Therapeutique* contains several cases in which this medicine, in doses from two and a half centigrammes to ten, during the twenty-four hours, proved of great efficacy. The tannin produces no noxious effect like the acetate of lead.

The *Archives de la Medicine Belge* has a paper *On the action of Acetate of Lead* on the animal economy, which should be studied in connexion with the memoir of M. Lassaigne, in the *Revue Scientifique* of Dr. Quesneville, *On the chemical action of Metallic Salts upon Albumen and Organic Tissues*, and to which we have referred in another place. The acetate of lead in solution, put in contact with animal matter, forms new combinations, which contains lead, and an organic substance. Some of these combinations are soluble in water, and others become so by the addition of acetic, lactic, or hydrochloric acid, and others are quite insoluble under the same circumstances, so that lead, applied to wounds and ulcers, would undergo a decomposition which might render it insoluble when absorbed into the blood, but if taken into the stomach the new compound might be soluble in the acid secretions of that organ. The author of this paper has fallen, however, into one error, which it may be well to note. He says, that in cases of poison from lead the metal is not found in the blood, or in extremely small quantity, and never in the urine; but recent experiments at the Veterinary School of Alfort have detected lead in the blood of a horse which had taken 780 grammes of its acetate: and the *Journal de Chemie Medicale*, which records this fact, also notices another, of which I have been an eye witness, at *La Charité*; that some patients labouring under painter's colic, on being put into sulphur baths, come out nearly black, from the decomposition of lead in the tissues on the surface of the body. The author, M. Mitscherlich, gives the pathological results of various doses of lead administered to animals.

Large doses of Emetic Tartar in the Delirium Tremens of drunkards are recommended in the same journal. The author administered from ten to fifteen grains in the twenty-four hours, at intervals of two hours. His general formula for inflammatory complaints contains extract of hyosciamus grs. six to ten, or extract of belladonna grs. three to six, in twenty-four hours; but it is not stated whether these anodynes are administered with the emetic tartar in the delirium tremens, although this may be presumed to be the case. He considers it necessary to avoid purgation.—I believe that if large doses of emetic tartar were universally used in inflammatory cases, our deaths would be greatly diminished.

A case of obstinate Stricture of the Urethra, in which the keeping of a bougie in the Bladder for ten days produced an abscess of the prostate, is given by the *Gazette des Hopitaux*.—

A useful memoir, with many cases showing the danger of this practice, has been published by M. MERCIER; but in this instance it is remarkable, that although the retention of the bougie produced such direful results at first, yet at a subsequent stage the same practice produced no inconvenience.—The patient had gonorrhœa, with chordee, for two years, which resisted every treatment, antiphlogistic and mercurial, and it was ultimately subdued by cauterization. From this period the stream of urine diminished, and at length produced strangury. The flexible gum catheter was now introduced, and kept in the bladder for ten days, but an abscess formed in the prostate with symptoms of inflammation in the neck of the bladder. The matter made its way through the urethra, and the opening became fistulous. Urine passed into the cellular tissue of the pelvis, and great obstacles were opposed to defecation. The finger introduced into the rectum detected an enormous tumour in the region of the prostate, which was laid open by an incision including the fistulous orifice, but the cicatrization was effected in three months. All this happened in 1829, but in 1837 the patient became the victim of another *coitus impurus*, which was followed by an exquisite clap; the abscess in the prostate returned a second time with atrocious pain, and a new fistulous opening gave issue to pus and urine. In coition the sperm came away through the opening, as was proved by chemical analysis, and even when the fistulous opening was healed, the sperm in *coitu* was always impeded by the stricture, without a previous introduction of the bougie.—At length the patient was received in the *Maison de Santé* of the Rue Marboeuf, where he was cured by scarifications of the stricture, as recommended by M. AMUSSAT, under whose care he was placed. The scarifications were seconded by the constant wearing of the flexible catheter, which had, or seemed to have, produced so much disaster in the first instance. Perhaps they were of a smaller size in the latter than in the former case.

Cases exemplifying the beneficial effects of Scarified Cupping to the region of the spleen, and Sulphate of Quinine in the ascites consequent to Intermittent Fever, are supplied by the *Gazette Medicale*.—The author, M. Levi, Professor at the Val de Grace, says, that in the greater number of the ague patients of that military hospital, the symptoms were ushered in by pain in the region of the spleen. Tumefactions of that viscus are common among the troops who frequently come to the capital from those countries where intermittents prevail, and very few patients under the care of the author have been treated without the scarified cupping, in combination with the quinine. The author, at one period, attempted unsuccessfully to combat, with diuretics and other analogous treatment, the dropsy arising from the same source, since which he has relied chiefly on the quinine and scarified cuppings, although combined with diuretics, such as digitalis and nitre. In one of the patients the dropsy came on in spite of the treatment, which would by many persons have been considered a proof of its inefficacy, but the author persevered in the quinine without the cupping, and the symptoms disappeared.—In a case incidentally mentioned, the patient had icterus, diarrhœa, and daily paroxysms of ague, with tumefactions of the spleen, all of which disappeared by the quinine and opium.

Efficacy of Tormentil-root poultice in Panaris.—The *Journal de Chemie Medicale* reports the case of a woman affected with extremely painful and swollen whitlow, which was immediately relieved by the powder of

tormentil root, made into a poultice with yolk of egg. The surface must be prevented from drying.—In a second case, the panaris was here in a more advanced stage, inasmuch as ulceration had commenced. The pain was great, and it was supposed at first to be necessary to use the scalpel to cut up the strangulating fascia, but the pain was promptly dissipated, and the finger cured, by the tormentil poultice.

Calomel administered with Sal Ammoniac converted into sublimate, and producing death.—A physician prescribed twelve powders, containing five grains of sal ammoniac, and a grain and a half of calomel, to a child. How often they were taken is not stated, but the child died, and the apothecary was accused of having erroneously given poison; but the conversion of the calomel into sublimate being speedily thought of, the blame was placed upon the right shoulders.—M. MIACHE, Pharmacien of the Hospital Saint Antoine, has given the result of his experiments on this subject in the *Journal de Chemie*, and maintains that the transformation is not only effected by the muriate of ammonia, but by the alkaline muriates contained in the saliva; from which he infers that salt and salt meat should never be administered in combination with calomel.—Calomel, he says, which is insipid on being first put upon the tongue, soon acquires the taste of sublimate, from being decomposed by the saliva. It may be proper to add, that a professor of the School of Pharmacy denies the correctness of M. MIACHE'S opinions on this subject.

Oil of Cod-fish or Skate in chronic Pneumonia and chronic Gastritis, by M. RAYER.—This gentleman, according to the *Journal de Chemie*, administers an ounce of oil daily, in three equal parts, with 3vss of syrup of opium, and 3j of powdered gum arabic. The oil of cod-fish contains iodine.

Acute inflammation of the Aorta; 3 Cases.—These are extracted by the *Gazette Medicale* from the *Monatschrift für Medicin*.—CASE 1. The patient complained of palpitation, oppression, agitation, and burning heat in the chest, with frequent and dry cough. At length he was awoken by a violent suffocation, the respiration became stertorous, and death ensued. It was in his last moments that M. THIERFELDER was sent for. He found the countenance turgid, livid, and covered with cold sweat; the pulsation of the heart scarcely perceptible, and the respiration slow. The expired air was hot, saliva constantly flowed from the mouth which remained open, the urine passed involuntarily, and the extremities of the fingers and toes were livid.—On dissection, the inner surface of the ascending aorta was highly inflamed, and covered with patches of strongly adherent lymph. The pericardium contained nearly four ounces of serum. The right auricle and vena cava were filled with blood, as were the pulmonary veins.—CASE 2. A young woman, after a fright, was seized with violent shivering, followed by anxiety, oppression, heat in the chest, violent cough, sanguineous expectoration, and fever. She was bled with relief, but a violent burning and weight was felt under the sternum, and the omoplates remained with palpitation of the heart, menaced suffocation, and a frequent cough. At this period, on being visited by M. THIERFELDER, she was in a state of great anxiety, with sensation of weight and burning from the upper part of the sternum, extending across the clavicle to the neck and back, hurried respiration, rapid pulsations of the heart and carotids. Hard and tense pulse, beating 160 a minute, countenance red and turgid, tongue and cavity of the mouth dry. The treatment prescribed was bleeding,

REVIEWS.

On a New Mode of Treatment of Lateral Curvature of the Spine, with Plates. By G. B. CHILDS, Esq., M.R.C.S., &c. Pp. 183. Harvey and Darton.

MR. CHILDS' book we find a plain, forcible commentary upon the motto he has chosen to affix to it from Shakspeare:

—New customs,
Though they be never so ridiculous,
Nay, let them be unmanly, they are followed.

And the volume may not unfittingly be regarded as a valuable exposition of consequences resulting from the vices of modern female education. The lamentable frequency of spinal curvature, renders the subject one of great importance; and the present volume, like those of a great majority of modern medical books, is written in a style adapted rather to the popular, than to the professional reader. Mr. Childs, as might be expected, places much reliance upon position in the treatment of curvature. The majority of practitioners prefer placing a patient on the back for a certain number of hours daily; this Mr. Childs regards as unwise, and we extract his statement of the

ADVANTAGES OF THE FACIAL OR PRONE POSITION.

"The patient is enabled in this position to exercise the muscles of the back by moving the head backward or in any direction, and by playing with the legs, and thus rendering exercise of the dorsal muscles compatible with rest in the recumbent position. As this curvature is remotely caused by an atony of the spinal muscles,—as physiologists infer that the development of power of the muscles is in the ratio of their exercise,—and as it is a pathological fact, that muscles waste and sometimes lose their strength from inaction during disease, the importance of moderate exercise for the dorsal muscles is evident. In the facial position the patient has a free use of her arms, and can raise herself on her elbows, by which latter movement the scapulae are pressed backward from their new lateral situation, and directed to their natural site on the back. Independent of these advantages, we are enabled, by forming a slight angle in the reclining board corresponding with the bend at the hips, to keep up a continual extension of the spine, the chest reclining on an horizontal plane, whilst the legs and lower portion of the trunk follow the inclination of the platform, thus obtaining a twofold object—the removal of all superincumbent weight and pressure, and the maintaining a slow and gradual extension of the spine. The feet ought never to be permitted to rest against any support, for in so doing this latter desideratum is frustrated.—This extension may be increased by the addition of weights to any amount we wish.—As there is frequently attending these affections a projection of the ribs, we are enabled to use pressure, friction, shampooing, &c.—Moreover, in this position on the platform, the patient can of herself extend the spine, by grasping a rope firmly attached to some fixed point in front, with both hands, and drawing the body forward, whilst weights are attached to the feet.—To compare the two positions:—In the prone or facial position, all superincumbent weight is removed from off the spine; in the supine, or on the back, this is not the case,—for even the weight of the thoracic and abdominal viscera imposed upon the spine in this position is sufficient to retard the cure.—In the prone position, the patient whilst on the platform is enabled to exercise the muscles of the back and neck, a most essential desideratum. In the supine

position she is debarred from this *in toto*; and the pressure of lying is of itself sufficient to produce an atony or wasting of these muscles.—In the prone position, the patient has a free use of her arms, and can exercise them as she pleases, whether in drawing, music, &c.; or in the amusement of reading, playing chess, &c. &c. In the supine position she is deprived of all those advantages, and time passes wearily and tediously.—Whilst lying on the couch, the patient can take her meals without inconvenience: this she cannot do in the opposite state.—But amongst the good effects of this position I ought to mention the influence it has over the digestive functions. The appetite improves; the bowels become regular; the mind is rendered cheerful, contented, and happy; and the body becomes plump and fat, and the face recovers its natural juvenile appearance. In the supine position the most frequent effects are a disordered state of the digestion, and a derangement of the general health. Moreover, from constant pressure on the posterior nerves of the spinal marrow, a paralytic affection of the muscles is sometimes induced, the circulation becomes languid, and ulceration and mortification are the occasional results.—In fine, since adopting the facial position, I have only met with one objection to its use; and this appears to me a slight one. Although patients at first require coaxing, and feel a little awkward on the couch, yet when the period of cure arrives, and it is desirable that they should take more active kinds of exercise than has yet been allowed them, it requires some force of argument to induce them to relinquish it; and, like parting from friends of their youth, or scenes of younger days, they still cast a lingering and wistful glance to the now about to be neglected couch, which has supported them during so many hours of affliction, and has been a silent but beloved companion, over which so many tears were shed."

Traité Complet de L'Anatomie de L'Homme comprenant La Médecine Opératoire, avec Planches Lithographiées d'après Nature. Par le DR. BOURGERY et N. H. JACOB. 8 vols. in folio, 60 livraisons. The same in English.—Smith, 10, Wellington Street North, Strand.

THE 52nd fasciculus of this magnificent, not to say unrivalled work, has appeared. The part of Operative Surgery is beautifully illustrated by the plates, and the text is probably the best treatise on operations which is published in France.—The present number contains the operative surgery of the nasal fossæ, with a folio plate of illustrations. The anatomical plates are seven in number:—nerves of the stomach—cavities of the stomach—duodenum and small intestines—blood-vessels of the duodenum—blood-vessels of the jejunum and ilium—lymphatic and chyliferous vessels—nerves of the large intestines.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—MAY 26.

A complication of Paraplegia with Amaurosis—Hypertrophy of the Liver—Jaundice and Quarten Intermittent—was reported by M. JACOBOWICS, of Hungary, as having been cured by blisters on the spine, and emetic tartar taken internally.

Aneurism of the external Iliac—Singular circumstances attending the operation.—This case, which was briefly noticed by us, was now more fully detailed by the author, M. DEGUISE, of Charcotton Hospital. After a sudden exertion, the patient felt acute pain in the right groin, and a pul-

sating tumour of the size of an egg appeared in the right iliac fossa. The pulsation ceased on compressing the aorta, and the tumour diminished; but, on the contrary, pressure on the femoral artery increased both the pulsation and the size of the tumour.—The operation of tying the iliac artery was performed—an assistant was instructed to compress the aorta in case of need. The incision through the integuments took its departure from the antero-superior iliac spine, and terminated at the external side of the inguinal ring. The tumour was unfortunately cut into by accident, and the hæmorrhage was only suppressed by strongly compressing the aorta. A ligature was then put upon the external iliac artery, but a new accident happened, for the coats of the artery were cut through. The vessel was unequal and tortuous from disease: before it was tied, the operator raised it upon the noose of the ligature, and caused the compression on the aorta to be discontinued, in order to be sure that the iliac artery was included in the ligature. This was proved to be the case by the obstruction to the flow of blood into the aneurismal sac; but when the ligature was tied, while the aortic compression was suspended, the blood again flowed so as to leave no doubt of the artery having been cut through, a new ligature was therefore placed on the primitive iliac artery higher up. The blood was completely stopped, but the operator fearing that the severed external iliac, or the opened aneurism sac, might become the seat of hæmorrhage, he resolved to cut off the channel by anastomosis, and tied the femoral artery. In effecting this, a third accident occurred, for the femoral vein was unexpectedly found on the outside of the artery, and was opened accidentally. The vein therefore was to be tied as well as the artery. The man recovered.

Ablation of the Cerebral Lobes and Cerebellum.—M. GERDY objected to some of the conclusions of the memoir of M. MONAT; that, for instance, which affirms, that *tactile* sensibility exists when the cerebral lobes and cerebellum have been removed. M. Gerdy admits the existence of *physical* sensibility, because animals thus mutilated feel pain, but they cannot judge of qualities appreciable by the touch. In this case, as the annular protuberance remains so intimately connected with, and so near to the lobes of the brain and the cerebellum, M. Gerdy suggests that this protuberance may receive impressions, and be endowed with perception in a feeble degree. The faculties of volition, perception, and sensation have, said M. G., but one seat in the brain, the lobes, the cerebellum, the protuberance. The faculties are diminished in proportion to the number of parts destroyed, but are entirely abolished when all the parts are removed.—The section of the medullæ and nerves produces insensibility of the parts below. The ablation of the cerebellum or the cerebral lobes throws the animal in a state of stupor, but a portion of sensibility still remains. If the annular protuberance be severed, death immediately ensues. The section of the corpora striata occasions disorderly movements; after the section of the cerebellum only, the animal is agitated, and trembling, and disorderly in its movements; but there is nothing in this which resembles an absence of the principle of co-ordination.

JUNE 1.

Resection of two-thirds of the lower Jaw by M. VELPEAU.—That gentleman introduced to the Academy a woman on whom he had performed the operation, without any deformity from the incision. The method employed by M. Velpeau has the triple advantage of placing the incision of the soft parts below the base of the jaw—of permitting the flap, detached from the tumour, to fall by its own weight upon the place previously occupied by the latter—and of simplifying the section of the bone. The incision was semilunar, with its convex part downwards, extending from one side of the supra-hyoidæan region to the other; the flap was dissected completely from the tumour, and the bone was severed by the chain-saw.—M. ROUX announced, that at the next meeting he would answer M. VELPEAU.

The remainder of the meeting was not of sufficient interest to report.

JUNE 2.

Luxation of the second Cervical Vertebra of seven months duration, reduced by M. GUERIN.—This case is interesting in many respects; the luxation was effected by muscular action two days after the accident, which was a fall upon the chin. The author remarks, that the characters of the different varieties of this luxation have not been clearly defined, and great difference of opinion exists as to the propriety even of attempting the reduction, which attempt might prove fatal by compression of the spinal cord. Eminent practitioners, consulted on this case, anticipated danger from meddling with it. M. GUERIN conceiving that the luxation not having occurred at the moment of the accident, but two days afterwards, it must have been produced by muscular contraction, operating under a rupture of the ligaments; he contrived to excite the action of the antagonist muscles in an opposite direction, by means of which the luxation was gradually reduced in a few days, without any unfavourable symptoms.

ACADEMY OF SCIENCES.—MAY 25.

Specific Heat.—Messrs. DELARIVE et MARCET communicated their researches on the *specific heat of gases* after a method which had received the approbation of Dulong, and which consists in observing the rate of refrigeration of a liquid *in vacuo*, first when isolated, and secondly, when traversed by a gas or vapour in known quantity, at a temperature lower than itself, within a determinate period. The relation which exists between the specific heat of the gas or vapour, and the difference of the two rates of refrigeration, is very simple, and determines the specific heat. The authors have thus found that hydrogen and other gases had the same specific heat.—Among the compound gases, two only prescribe an exception to the general rule, that the gases have the same specific heat under the same bulk. These two are, olefiant gas whose heat is 1,547, and carbonate acid 1,258; M. Dulong had found 1,531 and 1,175.—To measure the specific heat of solids, they have merely substituted a golden sphere for the silver cylinder, in which Dulong and Petit included the matter of their experiments. The sphere employed is twelve millimetres in diameter, and the solids are reduced to an impalpable powder by chemical means. The results obtained differ very little from those of Dulong—the atoms of simple substances have all the same specific heat, which however is estimated a little higher than Dulong's scale.—As for carbon, the authors differ from Messrs. Avogadro and Regnault. The different results depend on the mode adopted for obtaining pure carbonate. It is intended to compare the specific heat of the diamond with that of charcoal.

On the Electric Action which keeps the particles of Clouds in contact.—M. PELTIER remarking that vapours, which by virtue of their electric tension, ought to repel each other, instead of being kept in contact in clouds, concluded that some superior force must act from the circumference to the centre, and that idea is confirmed by the experiment of Nollet and Boze, who isolated a glass funnel with a fine tube, and filled it with liquid, which was made to communicate with an electric machine. On suffering the liquid to escape, it was observed to fall in divergent drops, instead of a continued stream. But M. Peltier repeated the experiment with the addition of a large copper ring beneath the tube of the funnel, from which the divergent drops escaped, and on electrifying the ring, all the divergent drops are made to converge into one stream, like the unelectrified liquid.—Or the experiment may be varied by using an isolated metallic sphere, with two opposite openings, that admit a view of what passes within. The water from the funnel when electrified falls divergent into the sphere. The latter becomes gradually electrified, and re-acts upon those divergent filaments which approach each other, until there is equilibrium of re-action between the internal and the external repulsion. If the sphere is connected with the electric machine, the powerful tension which it acquires immediately assembles the divergent filaments into one stream, as in the experiment of the ring.

Volcanic Phenomenon of the Island of Formosa.—M. STANESLAS JULIEN continues to direct attention to scientific facts recorded in the 'Annals of the Chinese Empire,' as written by the Chinese themselves in their native tongue. A work recently received, but published 1723, entitled '*Abridged History of the Pacification of the Island of Thai-wan*,' (Formosa,) contains an article entitled *Mountains of Fire* as follows:—"That a mountain should eject fire may seem fabulous, but that flames should come out of water seems still more so. Yet there are two volcanos in the Island of Formosa, at *Tchou-lo-hien*. * * During the day columns of smoke are perceived, and at night a brilliant light is seen from afar. * * At the foot of a peak, a boiling spring escapes from a fissure in the rock. From the bottom of the water, a brilliant flame comes forth, to the height of three or four feet, without the least trace of smoke. If a piece of wood is thrown into the fissure, it inflames, and is instantly consumed to a cinder." In another work published in 1744, are passages relative to boiling springs, eruptions of muddy liquid, and a mountain of sulphur having a burning mass at its foot. It notices the impossibility of breathing the surrounding air, when the sun darts its rays on that part. Sulphur may be extracted from the earth by boiling.

Gilding by electric decomposition.—M. DELARIVE announces that he continues his experiments on the gilding of metallic plates by electricity with perfect success. An account of this method will be found in former reports. It is economical, and supersedes the mode of gilding by mercury, the exhalation of whose vapours is so destructive to the workmen who use it.

Photographic images on silvered paper.—M. RAIFE presented a drawing made on one of these papers, which are much cheaper than plates, but they possess the same objectionable mirror reflexion, and the grain of the paper produces a bad effect. These inconveniences may indeed be eventually overcome.

JUNE 1.

Sellique's Gaslight from Water and Oil of Schist.—For some years past, large cities in France and Belgium have been lighted up with hydrogen (from the decomposition of water dropped on incandescant coke), combined with carburetted hydrogen, produced from oil of schist, decomposed by being dropped on incandescant iron chains, which are contained in a separate retort. The two gases unite while in a state of high temperature, as they respectively come over. This compound gas is free from all the odour of the other gaslight, and does not tarnish the reflectors, or the furniture of the room in which it is burnt.—PROFESSOR DUMAS read a report on the mode of extracting the oil of schist, and of fabricating the gas. In the distillation of the schist, a portion of gas comes over with the oil, which gas is useful as combustible during the operation. Schist sometimes contains as much as fifty per cent. of oil. The apparatus for the making of the gas consists of three upright retorts, one of which is filled with chains linked together by a ring at one extremity, by means of which they are introduced and suspended on a hook within; the two others are filled with coke or charcoal. A mechanism of clock-work, adapted to a double reservoir, containing oil of schist on one side, and water on the other, propels the schist into the retort containing the iron chain in a state of incandescence, and the fillets of water into the two retorts with the incandescant coke. The gas extracted from these substances need no purification, but simply passes through a refrigerating medium.

SOCIETE ANATOMIQUE DE PARIS.

Prolonged Taxis.—Is it attended with danger?—A discussion on the subject having arisen, M. PICDAGNEL affirmed, that M. BEAUCHENO, a former surgeon at the Hospital of Bicêtre, employed the taxis with *undeviating success*. If this be true, the gentleman in question was more fortunate than his medical brethren; but statements of this kind are not always to be depended on, as was abundantly proved by the conflicting testimonies

of the members on facts of the same order.—M. MAISONNEUVE declared, that Dupuytren was an advocate of long-continued efforts to reduce the strangulated hernia without operation; and the speaker maintains, that if death more frequently ensued from the operation after prolonged taxis, the losses were more than compensated by the cases, where patients by reduction had escaped the perils of the operation.—M. PIGNE, on the contrary, declared, that Dupuytren, in his latter days at least, entertained opinions the reverse of those assigned to him by M. Maisonneuve, and proceeded to the operation very speedily after finding that his first efforts to reduce were unsuccessful. The speaker stated, that taxis prolonged before the operation had frequently occasioned fatal inflammation; on the other hand, that of fourteen cases of strangulated hernia operated by Dupuytren or Sanson, only two died, which success might be ascribed to the absence of previous attempts to reduce.—M. CRUELHIER confirmed the fact, that Dupuytren operated as speedily as possible, which practice he himself also adopts.—M. MAISONNEUVE in reply, called to mind a memoir of M. Tessier, a house-surgeon under Dupuytren, which establishes, that of eight or ten cases operated, only two survived, in consequence of which, the writer proposed to proscribe the operation.—To this it was replied, that the patients alluded to died from peritoneal inflammation, which had existed before the operation.

Imperforate Anus—Unsuccessful Operation.—An incision was made an inch deep, without procuring a discharge of meconium. After death, the rectum contracted in size, was perceived to terminate by a narrow opening in a part of the vagina, after having taken its course longitudinally through its substance, like the ureters in the bladder. This mode of passing through the substance of the vagina, prevented the passing of the meconium.

Phthisis Laryngea—Aphonia—Suffocation.—This case had existed eight months, and no suspicion arose of the approaching termination, when the man became suddenly suffocated. This accident was accounted for by the ulceration of one of the lower vocal cords, which produced a longitudinal dissection of the mucous membrane, so as to form a moveable flap, which at each inspiration was drawn down like a valve. There was a small excavation in one of the lungs, and tubercles in both.

MEDICAL OBITUARY.

At his mother's house, Green-street, Calton, T. Begg, surgeon, late of Airdrie.—In the 61st year of his age, —Morgan, Esq., surgeon, of Llandovery, Carmarthenshire. It is supposed that Mr. Morgan must have been attacked with a fit of apoplexy on his way home from visiting a patient a short distance out of town. The first intimation of the melancholy event, was the arrival of his horse at the turnpike-gate without its rider, which caused the gateman, knowing the horse, to surmise some accident, and he very humanely went in search of Mr. M., whom he found lying on the road in a senseless state, and bleeding profusely from his head. He was immediately removed to his own house, where every medical attention was paid to the sufferer, but all proved fruitless. By his death, his widow and children have lost a kind husband and father, his patients a judicious and skilful medical adviser, and the town and neighbourhood an useful and worthy member of the community.—At the house of his brother, Dr. Hulley, St. John-street, Manchester, Mr. J. N. Hulley, surgeon, late of Liverpool.—At Haslar Hospital, William Brown, M.D., assistant-surgeon, Royal Navy, second son of Mr. John Brown, Lisenze, Kilwinning.—Aged 39 years, at his residence, Great Portwood-street, Stockport, Mr. William Wright, surgeon, of an affection of the heart, leaving a wife and six children. His loss will be long and deservedly regretted by a large circle of friends and acquaintance.—Aged 37, J. Jackson, Esq., surgeon, R.N.—After a few hours illness, Dr. John Crampton, Professor of Materia Medica, College of Physicians, Dublin.

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MEDICAL PORTRAITS.

MR. FERGUSSON.—NO. II.

MEDICAL literature is not much indebted to the subject of our sketch. A few papers on the history and on Lithotripsy comprise, we believe, all the productions of his pen; and these will neither require nor bear any critical notice on our hands. We cannot, however, let Mr. Fergusson pass in his capacity of teacher without such transient observation. He is the very antithesis of a good lecturer, and, as far back as we can remember, he has been identical in this respect; indeed, we cannot but marvel how he has so long remained unsusceptible of improvement. The moment he enters the lecturing theatre he becomes completely out of his element. His lectures on surgery, and even his clinics, are meagre,—his diction is inelegant,—his address embarrassed; he appears at fault, not only for words, but even for ideas, handling his subject as if he knew not what to do with it, or which way to turn it. No vivid delineation of disease is ever heard from him, nor does the observance of facts ever lead him to any interesting or striking conclusions; all is commonplace even unto dullness, and his hearers are inspired rather with a tendency to somnolency, than with the slightest interest for the subject of his prelections. Indeed, lecturing seems no less irksome to himself than it is in general to his audience. But though not gifted with the faculty of expressing and conveying his ideas, he is seen in a much more favourable light when engaged in Operative Surgery: perfectly familiar with anatomy in its every detail, his knife never fails to do the dictates of his will; he is perfectly self-possessed, and the rapidity and certainty with which he manipulates must always excite admiration.—The age of Mr. Fergusson is about thirty-five. He is tall, of animated countenance, and gentlemanly and prepossessing appearance. He is generally liked—with his patients he is kind and considerate, evincing more interest in their welfare than is the case with most Hospital Surgeons—with pupils he is affable and communicative, quite a pleasing contrast with the ungracious bearing of Mr. Liston, who, if he is a star, must certainly belong to the constellation of Ursa Major. Mr. Fergusson's Edinburgh popularity was attested by the presentation of a piece of plate previous to his departure.—Though we are far from holding with Knox, that "Fergusson is all hands and no head"—or with the prediction of another kind friend, that "he will soon preach the benches empty wherever he goes,"—yet we believe that his lecturing on the Theory of Surgery will not redound to his credit, and may even be detrimental to the interests of the Institution with which he has connected himself. Lucid order, quick apprehension, and combination of facts, as also clear induction and impressive delivery, are alike necessary to constitute a good lecturer, and these are not Mr.

Fergusson's endowments. By confining himself as much as possible to practical surgery, he will best promote his welfare; and as an operative surgeon, the course is open to Mr. Fergusson in this metropolis, and we may safely predict that as an operator he will soon be unrivalled. We may, perhaps, at some other opportunity, take the trouble to compare him, point by point, with Liston; but the most cursory acquaintance is sufficient to demonstrate that the King's College operator will, in a short time, pall the ineffectual fire of his rival in Gower Street.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 13th June, 1840:—

Epidemic, endemic, and contagious diseases	161
Diseases of the brain, nerves, and senses	135
Diseases of the lungs, and other organs of respiration	217
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c. .	6
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	1
Diseases of uncertain seat	111
Old age, or natural decay	56
Violent deaths	36
Causes not specified	3

Deaths from all causes..... 819

GENEROSITY OF THE MEDICAL PROFESSION.—What will those who call us a money-making craft think, when we remind them that we are the only class of people in the island who work on a large scale for nothing? As physicians or surgeons of medical charities, we toil for years in the service of the sick poor, with no pecuniary remuneration, and no other selfish objects than the desire of knowledge, and the remote prospect that the connexions we form by our attendance on the poor may ultimately lead to employment among the rich. Selfishness, more or less in degree, and more or less refined, mingles with the motives of all human actions. When at length this remote prospect is realized, and the extent of lucrative practice compels the physician or surgeon to retire from his medical charities, even then, through the rest of his life, not a day passes in which calls are not made on him for gratuitous advice; and these calls are never made in vain. Where is the trade or profession in which there is anything similar to this? Will the merchant give his goods for nothing? Will the lawyer conduct a cause for nothing? Will the clergyman marry or bury for nothing? No: the merchant must have his price—the lawyer must have his fees—even the church must have its dues; none but the medical man stirs without his reward. The tax of gratuitous exertion levied on the medical profession has lasted so long, and is so great, that, like other familiar things, people cease to be sensible of it. *Anon.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

ANEURISM (CONTINUED).

THE symptoms of aneurism are different, according as the affection is seated in an external or an internal artery. By *internal* aneurisms I mean those of the aorta and of the arteria innominata, which are developed either in the cavity of the chest or the abdomen, and which may proceed to a large size without showing themselves at all externally. By *external* aneurisms I mean those that are formed on the principal arterial trunks of the upper or lower extremities, and of the neck. An external aneurism consists of a firm pulsating tumour, situated in the course of one of the arteries that I have just mentioned, and is inseparable from such arterial trunk. I say that an aneurism is a firm pulsating tumour. In the early stage of the disease the tumour admits in some degree of diminution by compression; it is filled up with fluid blood that has not begun to coagulate, and therefore you find that it yields to the pressure of the fingers, so that you can thus diminish the size of the tumour. Pressure on the trunk of the artery, between the aneurismal tumour and the heart, puts a stop to the pulsation, and renders the tumour in the early state somewhat softer and flaccid: pressure on the trunk of the artery, below the aneurism, renders the tumour rather more tense; but in proportion as the aneurism becomes larger, and as the laminated coagulum is deposited on its sides, the tumour loses altogether that soft compressible character, and becomes firm and unyielding. The disease of the arterial trunk interrupts or interferes with the regular current of the blood through the artery, and the consequent regular arrival of the blood in the various vessels seated beyond it. Thus you very commonly find that the pulse is either suspended or considerably weakened in those vessels which are seated beyond the aneurismal tumour. In case of an aneurism of the femoral or of the popliteal arteries, you will probably not feel the pulsation of the posterior or anterior tibial arteries, while the pulsation of those of the opposite side can be felt very plainly. The aneurism being on a large arterial trunk, which is usually accompanied by some of the nerves, the development of the tumour often interferes with these nerves, and produces considerable pain, either in the seat of the swelling, or frequently shooting along the limb in all directions; and this pain in some instances is extremely severe. The pressure of the tumour upon the trunk of the absorbent vessels, and upon the veins, occasions general swelling of the limb below the part, of an œdematous character. These circumstances lead, therefore, to a considerable impediment in the functions of the affected part, and the patient cannot perform the ordinary motions of the limb, or at least not perform them without great pain. Such are the leading circumstances which characterize an aneurismal swelling, when seated in one of the external arteries of the body.—Now the existence of pulsation does not of itself essentially characterize an aneurism; so that you cannot conclude from that circumstance alone that it is an aneurism. A solid tumour situated over a large artery will receive a pulsation from it. You know that if you place one knee over the other as you sit, the impulse of the blood through the popliteal artery will make the limb which is uppermost shake—you cannot possibly keep it still. You may suppose, therefore, that if a swelling were seated upon the popliteal artery, the impetus of the blood through the arterial trunk would communicate the pulsation to it. In the same way in a swelling of the neck, you may have a pulsation communicated to it by the carotid artery. I have seen a swelling which has pulsated, and which was at-

tended with an interruption of the pulsation in the arteries beyond the tumour, which, nevertheless, was not an aneurism. I had occasion, in a former lecture, to mention a case of fungus hæmatodes, where the tumour was developed in the head of the tibia. Now this tumour happened to be developed where the popliteal artery divides into the anterior and posterior tibial, and situated between the trunk of the vessel and the strong fascia of the leg which binds down the muscles at the upper part of the tibia and fibula. The tumour being thus situated, pressed on the trunk of the popliteal artery at its division, and the effect of the pressure was such as to prevent all feeling of pulsation in the anterior and posterior tibial arteries in the limb of that side; at the same time the tumour received from the artery as distinct a pulsation as is ordinarily found in aneurism. These circumstances in that case led to the opinion that it was an aneurism; however, after a little time had elapsed, the tumour made its way through the fascia of the leg so as to extend externally. The consequence was, that the trunks of the posterior and anterior tibial arteries were relieved from pressure, and the pulse returned in them; at the same time the tumour, not pressing so strongly upon the artery, it lost the pulsation that had previously characterized it.—When a tumour pulsates in consequence of being seated upon an arterial trunk, the pulsation consists in a rising and sinking of the general mass of the tumour—the whole tumour rises and sinks with the pulsation; but in aneurism, if you grasp the swelling, you feel that the tumour is distended; you have a sensation communicated to the hand as if fluid were injected into the swelling; the swelling seems to increase in circumference at each pulsation of the heart. The feeling is, therefore, very different from that communicated by a solid tumour placed over the arterial trunk. Again, another circumstance is to be taken into the account in the diagnosis of aneurisms and other tumours, namely, that even aneurismal tumours do not in all cases pulsate. Various changes may take place in the state of the aneurismal sac, which will be attended with a diminution or cessation of the pulsation; or the pulsation may be suspended for a time and return again.—Some years ago a gentleman came to town from the country, and placed himself under my care, in consequence of a swelling, supposed to be aneurism, in the middle of his thigh. He was sent to town by an intelligent practitioner in the country; and when I came to put my hand upon the tumour, I was surprised to find that it did not pulsate at all. The limb was swelled, and the general circumstances in other respects corresponded accurately with the notion of an aneurism. I interrogated the patient closely as to the character of the tumour in its previous state, and he described to me so clearly that it had pulsated up to a certain time, and mentioned when the pulsation began to diminish, that I could not doubt that it was an aneurism; and inasmuch as the pain, the swelling of the limb, and all the general effects produced by an aneurismal tumour were undiminished, and in fact were rather increasing, I did not hesitate to apply a ligature on the femoral artery, in the usual situation, which was attended by a regular diminution of the size of the tumour; and there could be no doubt that it was a case of aneurism.—I had two patients under my care in the hospital with aneurism situated at the bend of the thigh, in which, at all events during a considerable period of the existence of the tumour, no pulsation was sensible. The first was a young man, admitted under the care of one of the physicians for what was considered rheumatic pain, affecting the lower extremity of one side. He had been some time under his care when it was discovered that there was a considerable and firm swelling in the bend of the thigh. I saw him in consequence of this, and found a large hard swelling without any pulsation, seated on the bend of the thigh, which I thought could only be regarded as a considerable swelling of the glands of the part. There was some degree of swelling, and considerable pain, in the lower extremity generally, and in consequence of this the case was transferred to my care. The case was again examined very carefully, but no suspicion was entertained of its being an aneurismal tumour; and means were adopted

on the suspicion of its being a chronic enlargement of the absorbent glands of the groin. I recollect receiving the case, when there were different medical persons present, among whom were some foreigners who happened to be here at the time, and who examined the case with me; but none of them entertained any suspicion of the disease being aneurism. After the patient had been some time under my care, an attack of pain came on in the swelling, which led me to examine it again very carefully. I was examining it in various directions, to see if there was any evidence of matter being likely to form, or if it had any fluctuation: in examining this point, I became sensible that pulsation existed in the tumour—and, in fact, at the time I am now speaking of, there was a decided pulsation in the swelling. This increased considerably in the course of a few days, and at length the swelling pulsated as strongly and manifestly as any aneurismal swelling that I ever saw. The truth was, an attack of inflammation had come on in the sac of the aneurism, under which the pulsation, which before had ceased, was renewed. It was deemed proper to tie the artery in that case, but in consequence of the inflammation having already gone to a considerable extent in the sac of the aneurism, the patient died, although the operation, so far as the securing of the artery went, was successful. This gave me an opportunity of examining the case after death; it was found in that case that the femoral artery was obliterated in the way I have mentioned to you, by the pressure of the tumour, so that the probability is, that the aneurism might have gone on to a natural cure but for the inflammation that had occurred in the sac.—The other case of swelling, in the same situation, is the one that I have already alluded to as an instance in which a spontaneous cure of the aneurism took place; and as that case, in certain respects, is interesting, I will read you a few minutes I have made of it.—This was a patient thirty years of age, whose recent occupation before he came to the hospital was that of a porter. About Christmas, 1828, he observed a lump in the bend of the right thigh, which he could not ascribe to any strain, blow, or other injury. It gradually increased, without pain; but in a few weeks it caused a general swelling and stiffness of the limb, which had confined him to his bed for seven weeks previously to April, when he was received into the hospital. At this time the bend of the knee was occupied by a large swelling, without a definite boundary, extending three inches below the crural arch; it extended upwards to within two inches of the navel, and it was felt through the abdominal parietes as a large firm tumour, about the size of the fist. The swelling was oedematous, with the thigh half bent; and at this time he suffered much from pain and want of rest. There was no pulsation in the tumour, and there had been none in its progress; at least the patient had felt none, and the surgeon who first saw him prescribed simple treatment, and assured him he would soon get well. This made up the patient's account; but as I was quite uncertain as to the nature of the swelling, I examined every circumstance of the case with great care, and particularly investigated the tumour, both with the naked ear and the stethoscope. At the time the former case occurred, auscultation had not come into fashion, and therefore no attempt was made to examine the tumour in that way. But in the instance that I have now mentioned, it occurred to me that possibly pulsation might be distinguished by the ear, though it could not be felt; and in fact, when I put my ear down to the swelling, I heard the pulsation as distinctly as you hear the pulsation of the heart by placing your ear on the side of the chest; though even at that time no pulsation could be felt with the hand. With the stethoscope the pulsation was equally distinct, but not more so than with the ear. There could now be no doubt about the nature of the disease, as after a time partial pulsation could be felt, and even seen. It is a curious circumstance, that in a tumour where, up to a certain time, no pulsation existed, that such changes should occur as again to induce pulsation. In the instance that I am now mentioning to you, the pulsation of the aneurismal tumour became so strongly marked as that of any other aneurism I ever

saw. At this time the swelling had increased so as nearly to reach the navel, the entire limb being enormously swollen. The operation was considered inadmissible; tying the aorta was suggested by an eminent surgeon who saw the case, but I considered that the chance of a natural cure, however slight, was preferable. The pulsation in the tumour gradually became feeble, and at last it seemed that the aneurism grew less, and the limb began to extend; the pain ceased, and the general health improved. The patient felt so well by the end of September, that he left the hospital at his own desire. * * * *

His recovery after he left the hospital was progressive. It thus appears probable that the aneurism was filled up by laminated coagula, that the pulsation was thus suspended, and that subsequently the coagulum had been absorbed; so that what remained was some thickening and induration, the consequence of the deposition arising from the inflammation of the part, and the general tumefaction of the limb.

With respect to the symptoms of *internal* aneurisms, so long as they continue within those cavities of the body, in which they are first developed, there are no circumstances which characterize their existence sufficiently decisive to enable you to know that aneurism exists. An aneurism seated about the arch of the aorta, may interfere with the important organs which are in that situation. The development of a tumour in that part cannot fail, by pressure on the various parts there, to produce serious effects, such as affections of the breathing, cough, pain, and so forth. A tumour in that situation very soon comes to press upon the trachea and oesophagus, and then may produce various symptoms; but until the tumour makes its way externally, so as to show itself at some point of the external surface of the chest, and be recognised as a pulsating tumour, you cannot be certain that these depend on aneurism. The symptoms, in fact, frequently are of a nature not calculated to give the least clue to the existence of that disease.—I remember the case of a patient brought to this hospital, who had been subject for a short time only, according to her own account, to serious attacks of difficulty of breathing. She described these as so serious, that in three or four that had recently occurred, she had been so much affected that she thought she should have died in the fit; she could not fetch her breath, and in fact her description made one suppose, that there must be some very serious disorder seated about the pharynx or the trachea, interfering with the functions of those parts. We speculated on the probable nature of her disease, and considered what measures it would be proper to adopt in case of a paroxysm coming on, and we were considering whether it would be advisable to make an opening in the trachea, and the opinion seemed to be rather in favour of that measure in case an attack of difficulty of breathing should take place. The woman had an attack of this kind in the night, when no surgeon was at hand, and unfortunately she went off in this attack. This afforded me an opportunity of examining her after death, and I found an aneurism of the arteria innominata seated behind the sternum, about the size of half an orange, that pressed upon the trachea, and it slightly indented the anterior part of the tube, so as to make the inequality upon its surface; but I should not have supposed that it was sufficient to obstruct the tube so as to prevent the breathing, and in fact that it did not essentially do so was clear from its ceasing in the intervals of the attacks. But spasmodic attacks, at least such as for want of a better name we must call spasmodic, came on, attended with difficulty of breathing, and indeed that difficulty went the length of suffocation. You will recollect that there is but a small space about the upper part of the chest; the arch of the aorta, the oesophagus, and a variety of important vessels and nerves, are confined together in this space; and it is the situation in which aneurismal tumours of the arch of the aorta, or those of the arteria innominata, are developed. These tumours, therefore, cannot proceed to any great extent without interfering with the functions of the parts. Thus you find frequently that aneurisms in the arch of the aorta

have terminated existence by bursting in the trachea or oesophagus. It has been known that tumours seated here have broke into the pulmonary artery, and such tumours have occasionally been developed without producing marked symptoms sufficient to enable you to determine that the case was one of aneurism.

Aneurism is sometimes produced by obvious and direct external causes. A wound of an artery may produce an aneurism. I have already mentioned to you how the wound of an artery may be attended with effusion of blood into the surrounding cellular texture, and how blood escaping from an arterial tube in this way may be injected into the cellular texture of a limb extensively, or even generally, and I mentioned to you that such a case has been called *diffused false aneurism*; but, in fact, it should not be called aneurism at all; it is merely a case of a wounded artery, with ecchymosis or effusion of blood into the cellular texture, and has not anything of the character that properly belongs to aneurism. However, the wound of an artery sometimes produces a circumscribed pulsating swelling. The arterial wound may be closed by coagulum, or in some other way, at the time of the accident, and this slight closure of the wound may give way, and be distended into a regular aneurismal swelling. It is in this manner that aneurism of the brachial artery takes place in consequence of a wound from venesection; and that aneurism of the temporal artery sometimes follows the wound of arteriotomy. I have seen it follow the bite of a leech:—one would suppose that it must have been a very strong leech to produce this effect. This is called a *circumscribed false aneurism*, and in all respects the nature of the affection and its treatment correspond to that which we shall have to state about aneurisms generally.—Then aneurisms sometimes appear to be produced by external violence of a different kind. The patient who has an aneurism says he has received a blow, or met with a strain, or that he has slipped, and, endeavouring to save himself, has felt something break, or crack, or give way; in these modes patients frequently account for the occurrence of aneurismal tumours.—Certain other external circumstances seem to have some influence in the production of aneurism, though we cannot point out exactly, perhaps, how they do so. It has been observed that popliteal aneurisms take place more frequently in those who keep their knees habitually bent, such as in postillions, tailors, and some others.—With respect to most external aneurisms, and even a greater proportion of the internal aneurisms, we must observe that the causes which lead to them are very obscure. Indeed, I do not know that we can assign any very satisfactory cause for their occurrence. We sometimes see instances in which aneurisms of the aorta arise and run their whole course, destroying the patient, without the surgeon being aware of their existence; I have known an instance in which a gentleman coming home after being out for a ride, and going to take off his boots, has fallen down dead from the bursting of an aneurism of the aorta, though he was not aware of labouring under any disease whatever. There are circumstances, however, whatever they may be, that act extensively on the arterial system; for we not uncommonly find aneurisms existing in more than one artery in the same individual. I have mentioned an instance of one case where aneurism took place successively in each axillary artery, and in nearly the last case I operated on in aneurism of the femoral artery, there was a small aneurismal tumour of the femoral artery of the opposite side. Several instances have been known in which patients have had external aneurisms and aneurism of the aorta simultaneously. They have died of the disease of the aorta, after having had external aneurisms operated on.—Aneurism occurs more frequently in the larger than in the smaller arteries of the body; it is most frequent in the aorta and innominata; next in the external iliac, femoral, brachial, and carotids; while in the arteries of the third and fourth order, such as the radial and the ulnar, the anterior and posterior tibial, and the interosseal, it is extremely rare—hardly ever seen there, except in consequence of a wound, or some external cause. It is much more

frequent in arteries of the lower than in those of the upper extremities; indeed, it has been stated by some, that hardly an instance can be produced of any aneurism below the axilla which cannot be referred to a wound, or some obvious external cause. It is also found that aneurisms, as well as other diseased changes of the arterial coats, are much more frequent in the male than in the female subject. Mr. Hodgson, in his work on 'Diseases of the Arteries and Veins,' has given in a table a list of all the cases of aneurism that he had seen, which will show you the comparative frequency of them. Mr. Hodgson's table includes 63 cases altogether; of these 21 were aneurisms of the arch of the aorta and arteria innominata, 16 occurring in males and 5 in females;—8 were cases of aneurism of the descending aorta, 7 males and 1 female;—2 cases of carotid aneurism, both in the male;—5 cases of aneurism of the subclavian, all in the male;—12 cases of inguinal aneurism, all in the male;—15 cases in the femoral and popliteal, of which there were 14 in the male and 1 in the female. So that in a total of 63 cases of aneurism, 56 were in the male and 7 in the female subject. This table also shows you the other circumstances that I have mentioned, the great frequency of aneurisms in the larger arteries; for out of 63 cases, 29 were of the arch of the aorta and the arteria innominata; and it exhibits the greater frequency of aneurisms in the lower than in the upper extremities—there are 27 cases of aneurism of the lower, and 5 only of the upper extremity.—There are some rare instances of aneurism being found in some of the smaller arteries. I think there is a preparation in the museum of an aneurism of the splenic artery; there is here one of the renal artery; and in some instances aneurism occurs in the arteries of the head—as the basilar, and in the external branch of the carotid, and the branch that joins the carotid and the vertebral arteries: these, however, are rare occurrences; I believe there is no such thing known as aneurism of the pulmonary artery, at least I never read or knew of such an instance.

Then having seen the mode in which aneurisms are sometimes spontaneously cured, we naturally inquire whether we possess any means which are capable of placing the aneurismal tumour in such circumstances as would bring about this spontaneous cure, or as would favour its occurrence? The surgical operation of passing a ligature on the artery, between the aneurismal tumour and the heart, is an effectual mode of producing changes by which the aneurism may be got rid of; but in an aneurism of the aorta we cannot have recourse to this operation. It is true that the aorta has, in two instances at all events, been tied; but the result of those operations were not such as are calculated to lead to a repetition of them. Aneurisms of the aorta, therefore, may be considered as out of the reach of the surgeon. Aneurisms, however, of the main trunks of the upper and lower extremities, and those of the neck when seated near the trunk of the body, may all be considered the subjects of surgical operation.

In some instances, patients do not choose to submit to an operation; it has therefore been considered desirable to find out some course of proceeding, not involving an operation, that should be capable of bringing about this natural cure of aneurism. Direct depletion by loss of blood, abstinence, and rest, are the great means of reducing the force of the circulation generally, and thus they contribute towards the reduction of the force of circulation in the tumour, which circumstance we might suppose likely to lead to the deposition of a coagulum in the sac of the aneurism, so that it might become obstructed, and a natural cure thus be accomplished. This course of proceeding has been extensively tried, particularly in aneurisms of the aorta; and there is the further reason for the adoption of this course of proceeding, that aneurisms of the aorta are often attended with very considerable local suffering, considerable inflammation of important organs, which are more or less interfered with by the development of the tumour; considerable excitement of the system, with symptoms of a feverish character, symptoms which, whether the aneurism is to be cured or not, are all likely to be benefited by

the plan of depletion. This plan has been tried extensively abroad; it was adopted by an Italian surgeon of the name of Valsalva; and Morgagni, who was an apprentice of Valsalva, has mentioned that he (Valsalva) had employed this method in many cases with very great success. He seems to have employed it very effectually—that is, he reduced his patients so much, that they could hardly lift their hands from the bed. The treatment he advises consists in venesection, purging, a very reduced diet, and absolute rest in the horizontal posture—that is, in a combination of all those circumstances which are calculated to reduce the force of the circulation, to diminish the impetus of the blood in the tumour, by which obstruction of the aneurism may be affected, and the circulation brought into that quiet, or rather languid state, in which you may suppose that the separation of the fibrin of the blood, and a deposition of laminated coagulum, would be promoted.—I have several times adopted this treatment in cases of aneurism of the aorta, and often with very considerable benefit; first, in relieving those symptoms of excitement that I have already alluded to, and secondly, in checking the progress of the aneurismal tumour, retarding its increase, and making it stationary. A patient who was in the hospital for aneurism of the descending aorta, accompanied with a manifest protrusion externally of the aneurism in one part, was treated in this way, and the external protrusion gradually diminished, and ultimately entirely disappeared. I must observe, however, that I have not seen any case entirely cured by this treatment. It is a mode so repugnant to the inclinations and to the prejudices of the patient, that we find they will not readily submit to it. At first, till they have derived relief from the urgent symptoms, they are well enough disposed to yield obedience to your directions; but in order to have a chance of curing the aneurism, we must pursue the treatment for a considerable time. When, however, there is no longer any apprehension on account of the symptoms, and patients feel themselves very feeble, they begin to think that something is required to strengthen them; they wish you to let them have some meat and some beer, not to be bled again, and so forth. Now, whenever I hear hints of this kind, I know that it will not do to follow up the plan; for if you do, the patients will decamp. We generally find that patients and their friends, and even the nurses, are all in a conspiracy against us; they do not understand the principles of Valsalva. Thus I have not succeeded in these cases in following up even one to a satisfactory termination, though I have seen so much good done in a variety of instances, as to lead me to suppose that if the plan were persevered in, it might be productive of a complete cure; at all events, I have seen that the progress of aneurism may be considerably checked by this plan of treatment.—With respect to bleeding in these cases, it is necessary to proceed with a little caution; for we find by experience, in serious affections of the heart and large vessels, syncope sometimes comes on, which will terminate fatally, and that not uncommonly persons under such affections will die suddenly: now we must not run the risk of bringing on that event by venesection. You should therefore be careful not to take a large quantity of blood in cases of this kind at once, but rather repeat the loss of blood occasionally. It may be a question whether any assistance can be derived where the tumour appears externally, by applying cold lotions, or even ice, to it—whether such applications have any tendency to promote coagulation in the tumour? But we find when cold applications are used, such as ice, the application is so painful to the patient that it cannot be well persisted in.—I should mention as an auxiliary the employment of digitalis. This is a case in which, if we could produce the effect that digitalis sometimes has, viz., the reduction of the force of the pulse, the object which we have in view would be materially assisted.

I stated to you that in no case had I witnessed any example of perfect cure effected by that mode of proceeding. I believe that others may have been more successful in this respect than I have been. At all events you find, in Mr. Hodgson's work on the 'Diseases of Arteries and Veins,' several cases in which there seems reason to suppose that

aneurisms of the aorta were completely and permanently cured by this plan of treatment. The method of Valsalva is not strictly confined to aneurisms of the aorta. There may be external aneurisms in which there is a good deal of local excitement, and disturbance of the system connected with it, in which the patients will not submit to operation, where you may have recourse to that plan of treatment as the next best measure.

I mentioned to you that an aneurismal tumour sometimes does not present the most striking character of the disease—pulsation; that is, that you cannot feel pulsation in the tumour. And I also mentioned to you that there are some instances in which pulsation cannot be felt, but in which it can be heard, either by the ear directly applied to the aneurismal tumour, or through the medium of the instrument called the stethoscope. The sound that is communicated in either of these cases is very peculiar;—it is produced by the passage of the stream of blood from the tube of the artery into the aneurismal tumour. The blood passes through a comparatively contracted orifice to enter a large cavity; and each jet of the blood propelled by the contraction of the left ventricle into the aneurismal tumour, produces a sound which is something like that of the stroke of a pair of bellows in blowing them. You hear a succession of these; and hence the French have characterized this noise by the apposite term *bruit de soufflet*: *soufflet* is the French for bellows, and the expression means a noise like that of a bellows:—we cannot have a comparison more clearly illustrating this.

Pressure has frequently been tried as a mode of treating aneurisms, and two methods of applying it have been adopted; one in which the aneurismal tumour and the artery above it have been subjected to pressure, and another in which pressure has been applied simply to the arterial tube. In the former mode of employing pressure compresses have been placed upon the aneurism, and also upon the trunk of the artery above it; that is, on the trunk of the artery between the tumour and the heart. These compresses have been bound firmly upon the limb, so as to create a general pressure on the aneurismal swelling, and that part of the arterial trunk immediately contiguous to it; and those who have adopted this have combined with it the other treatment, that I have already described to you under the name of Valsalva's method,—that of depletion, rest, and so forth.—Now we cannot easily perceive how pressure on the external portion of an aneurismal tumour can be likely to prevent the growth of the swelling, or diminish its size; and I think we may conclude very safely, that the binding of compresses upon the artery above the tumour will not prevent the passage of blood from the artery into the sac. Considering the matter *à priori*, I think we should not expect any very efficacious influence from this mode: and such is the result of experience; for in the great majority of instances in which pressure is applied, it seems as unavailing as we might expect.—It has been proposed, however, to subject the artery immediately above the aneurismal tumour to effective pressure, so as actually to place the sides in contact, and keep them so in expectation of lymph being effused so as to produce adhesion, and consequently obliteration of the tube. Now this can be effectively done in the horse; that is, if we apply a tourniquet where the artery runs along the leg—screw it tightly, and leave it on for three or four days, inflammation will be excited in the coats of the artery, and the artery will become obliterated in this way. But this cannot be borne by the human subject; the pain is so excessive from pressure of that nature, that it cannot be tolerated even for a short time. You might easily anticipate this result when you consider what kind of pressure is necessary in amputation, in order to prevent the flow of blood through the limb. You find it necessary to screw the tourniquet tightly to prevent the blood from flowing through the artery; and you find that the pressure thus produced is so painful, if prolonged beyond a few minutes, that the patient is not able to bear it; and you can easily suppose that no individual could bear the prolonged pressure that I have alluded to, if extended to three or four days.—Without asserting, then, that pressure has in no instance either cured,

or contributed to the cure of aneurism, we may say, at all events, that in a vast majority of cases it has totally failed. We may state safely, that a person cannot bear the application of pressure in a degree adequate to produce closure of the artery, and consequently that this method does not deserve any confidence as a general means of treating aneurism; so that we are not surprised that it has passed into disuse. The only effectual mode, then, of proceeding, is the surgical operation of tying the artery above the aneurism, or at the place where it opens into the swelling. This is, at all events, a rational mode of proceeding; and, when the operation is performed in a proper way, it is both safe and effectual.—The old operation for aneurism, and indeed that which was performed up to a comparatively recent period, was a very formidable proceeding. It consisted in laying open the aneurismal tumour in its whole extent, clearing out the coagulum it contained, and securing the orifice of the artery where it entered the sac, by a ligature including either the upper or lower, or both of the orifices. Now, when you consider that it is by no means always a very easy undertaking to lay bare the artery, to find, and tie it, even when you choose your own situation for seeking it, you will understand that great difficulty must have been experienced in tying the artery where it was attempted in the way I have described, when the orifice of the vessel was connected and implicated with the surrounding parts, and probably deeply seated; as for instance in the ham, where the artery lies close upon the bone, and where you might have perhaps five or six inches in depth of the aneurismal sac to go through before you arrived at the orifice of the vessel. You must consider that the attempt to secure the artery in such cases used to be made when the principles applicable to the ligature of arteries were totally unknown, and consequently the most rude and unscientific proceedings were adopted. Then you must consider further, the effect that must have been produced by the inflammation that would arise in a large aneurismal sac thus laid open,—leading to suppuration and occasional mortification. When you take these circumstances into view, you will not be much surprised that these old operations for aneurism were almost invariably fatal, and that it was an uncommon circumstance for a patient that underwent this operation to escape with his life. Hence surgeons had very much abandoned it, and considered it better for patients in whom it could be performed, to submit to amputation rather than to such an operation. Mr. Pott mentions aneurism of the popliteal artery as a proper case for amputation, he considered the old operation so desperate an undertaking.

We are indebted to Mr. Hunter for the principle of the modern operation for aneurism. It has been found, however, that some of those who preceded him, particularly some of the older writers, have given a description more or less clear of an operation something similar to that which he proposed for aneurism, so that it is doubtful whether we ought to ascribe to him entirely the merit of originality. There can be no doubt, however, that the discovery is thus far due to him; that he had no acquaintance with those passages in the old writers in which the operation has been described, or supposed to be described; and that he arrived at the conclusions that led him to propose this mode of operation, from a physiological examination of the principles applicable to the treatment of the disease. In this mode the artery is tied at some distance from the aneurismal sac; that is, the ligature is placed upon it in a situation in which it is tolerably accessible—where it can be easily exposed and taken up, and the aneurismal sac itself is not touched—it is left entire.—The consequence of this mode of proceeding is, that the arterial trunk becomes obliterated where the ligature has been applied to it, so that the direct impulse of the heart is removed from the aneurismal sac. The pulsation of this ceases; and the tumour itself generally diminishes, in some degree, immediately after the artery is tied. However, in consequence of this removal of the propelling force by which the aneurismal sac is kept in its distended state, the blood no longer circulates freely through it, but coagu-

lates; and, in fact, the sac becomes completely filled with coagulum, so that the further circulation of blood through it is completely cut off. When this is effected, the aneurismal sac becomes contracted—the coagulum which it contains is then removed by absorption; and, in fact, the aneurism undergoes the same kind of spontaneous obliteration which I mentioned to you as taking place occasionally independently of any operation. In order to produce the changes that I have mentioned it is not necessary that the circulation through the sac should be at once and immediately suspended; for, in fact, the ligature of the arterial trunk above the tumour does not produce this effect. The freedom of the arterial communications is so great, that although the trunk of the femoral artery be tied on the front of the thigh, blood passes into the aneurismal sac below from vessels arising above the ligature, although not with a sufficient degree of force to produce pulsation in the tumour. But the disposition in the parietes of the aneurismal sac to contract, and in the blood to coagulate, are stronger than the distending force, which now produces but an enfeebled current, and the consequence is that the blood coagulates. That the application of a ligature is not always sufficient at once to render the blood stationary in the aneurismal sac, is clearly proved by this circumstance, that in some cases the pulsation returns in the aneurismal sac. When the ligature has been tied it is immediately arrested; but in the course of a few hours, in some instances, the aneurismal sac begins to beat again, and the surgeon is apt to be apprehensive that the artery is not tied, or that something has occurred to render the operation abortive. This is observed in cases both of popliteal and carotid aneurism: however, the pulsation thus produced is but a feeble one;—it lasts for some time, then gradually becomes diminished, and ultimately disappears entirely.—The mode of cure, so far as the aneurismal sac itself is concerned, under the operation as it is at present practised, is just the same as one of the spontaneous cures that I have already had occasion to describe to you, and which takes place by the gradual obstruction of the sac by coagulum. Now, before you are fully acquainted with all the resources of the animal economy, particularly as regards the circulating system, you might entertain an apprehension that when the main artery of the limb was obstructed by a ligature, the limb would be inadequately nourished—that the blood would not obtain access to the parts beyond the obstruction, and that there would not be a sufficient quantity to carry on the purposes of the animal economy. We find, however, that the communications of the smaller arteries are so free all over the body, that when an arterial trunk is tied in any situation where it is accessible to surgical operation, the parts beyond the situation of such ligature are always adequately supplied, so that no doubt need be entertained on that point in any case. If you place a ligature on the trunk of the aorta, just above the diaphragm, in the dead subject, and if you then insert an injecting tube into the mouth of the aorta, where it comes from the left ventricle of the heart, and throw water into the vessel, you find that it gains access to the parts below the ligature; that, for example, if you open one of the tibial arteries, the water you inject into the orifice of the aorta will keep up a continued stream, even although you have placed a ligature on the descending aorta—so that there is a sufficient freedom of circulation to carry on a supply of blood, even if the aorta itself were tied. You may suppose, that although this takes place in the *dead* subject, it might not equally occur in the *living* subject; but the aorta has been tied in the dog frequently—and it is not difficult to tie the aorta, where it lies on the lumbar vertebrae in the dog; you can tie the aorta and the animal will recover, the parts below the situation of the ligature being perfectly supplied with blood. I have already mentioned, that in two instances the aorta has been tied in the human subject. In both these cases it was tied between the aneurismal tumour and the heart, and there did not appear to be any deficiency in the conveyance of the blood to the lower extremities. The patients, however, did not live long enough to show the mode in which the

circulation was carried on; but the twelve or eighteen hours that they survived were sufficient to prove the fact, that the parts beneath were supplied with blood. The arteria innominata has been tied twice in the human subject, and in both cases the circulation was carried on in the upper extremity, and in the right side of the head—in one instance for three weeks, and in the other for five or six weeks—for so long the patients lived. The trunk of the left subclavian has been interrupted by aneurism, yet the left upper extremity has been adequately supplied. The axillary artery, and the femoral artery, below the crural arch, have both been tied in consequence of wounds, where there has been no previous disease existing, and yet the extremities in such instances have been adequately nourished. You may consider, therefore, that what is called the collateral circulation—that is, those modes by which the circulation is carried on when the main arterial trunk is tied, is adequate to the supply of the parts situated beyond the ligature, whenever you can apply such ligature in the treatment of aneurism.—In the first instance, however, perhaps the circulation is not so vigorous in the limb of which the main arterial trunk is tied, as it is in the natural state. Sometimes, indeed, partial mortification has taken place, as of a toe, where the femoral artery has been tied: this, however, occurs very rarely; and I believe there are but two or three instances where more considerable mortification has occurred in the upper or lower extremities, in consequence of tying arterial trunks. But though this is uncommon, still, in consequence of the possibility of such an occurrence, I should deem it right to adopt all proper means for preserving the heat of the limb, until the circulation be fully established. We should take care not to let the limb be exposed to cold, but to preserve it as nearly as we can at the natural heat.

You will probably inquire, what is the time at which the operation for aneurism should be performed? Whether we should do it as soon as the existence of the aneurism is known, or whether we should wait for some time longer, till the aneurismal tumour has acquired a certain bulk? A notion has very commonly prevailed, that it is desirable to defer the operation for aneurism, under the idea that the obstruction of the arterial trunk increases the collateral channels, and that they gradually become enlarged, so as to be more adequate for carrying on the circulation. It has been advised, therefore, to postpone the operation, not on account of any reason arising from the nature of the disease itself, but from that which I have just mentioned, namely, to give a greater security to the performance of the circulation through the collateral channels. Now it is not necessary to defer the operation on this account, for the resources of the animal economy are fully adequate for it, if we tie the artery as soon as we ascertain the existence of the disease; but the postponement of the operation, which is not necessary for the reasons that I have mentioned, in other points of view is actually prejudicial. The enlargement of the aneurismal tumour interferes in various ways with very important functions, and produces changes that subsequently are more or less injurious in the parts immediately surrounding. Muscles, tendons, and nerves, get involved in the aneurismal tumour, and become firmly connected with it: sometimes the nerves are pressed upon, so as to be spread out and flat. The progress of the tumour when it reaches a bone causes its absorption. I have seen a large aneurism in the ham allowed to go on to such a size, that considerable absorption had taken place in the posterior part of the condyles of the femur; and again, when an aneurism takes place in the axillary artery, below the clavicle, the tumour is seated between the pectoral muscle and the parietes of the chest, and will produce absorption of the ribs. If the tumour increases towards the cavity of the chest, it may be productive of serious consequences, without becoming very large. I have seen one or two ribs so far absorbed, as to give way at the back in examining the parts after death. Again, when the neighbouring tendons and muscles, and parts of that kind, are involved, even if we cure the patient by operation, considerable stiffness and imperfection of the motions of the limbs will be the result. For these various

reasons, then, it is advisable to operate for aneurism at an early period of the affection; in fact, as soon as the existence of the disease can be clearly and distinctly recognised. There is no kind of reason for deferring the operation; on the contrary, the evils that I have just mentioned are aggravated by its postponement.

The mode of performing the operation is simple. The only object you have in view is to tie the trunk of the artery in such a way that the sides of the vessel may unite, and the tube become obliterated. All you have to do, therefore, is to cut down upon, and expose the vessel, with as little disturbance to it as possible;—to carry a ligature under the artery, detaching it to as small an extent as possible from its surrounding connexions—in fact, if you use a proper aneurismal needle, you can convey a proper ligature under the artery without detaching it further than simply in the track of the needle. Sometimes persons have an idea that they ought to take the artery between their finger and thumb, or put their finger under it, before they apply the ligature; but you will recollect, that in order to effect the union of the sides of the artery, you want a perfect state of the circulation in its coats. The coats of the artery derive their supply of blood from the parts immediately surrounding the tube, and if you detach them extensively you cut off this supply. If, therefore, in applying the ligature you extensively detach the surrounding parts, you cannot be surprised that the deposition of lymph does not take place, and consequently the obliteration of the artery failing to occur, that hæmorrhage should afterwards ensue. On the contrary, if you apply a ligature where the artery is closely connected to all the surrounding parts, it receives a regular supply in the ordinary way, and you have every security that this process will be carried on efficiently.—Then with respect to the kind of ligature, and mode of tying it—all the principles that I have already mentioned in relation to the same subjects, in speaking of wounded arteries, are applicable here. You should employ a small, round, firm ligature, and tie it tightly. You cut the coats of the artery in the way that I have already described—lymph is poured out—it becomes organized, and the wound in the sides of the vessel is united by adhesion. Now when the operation was first introduced by Mr. Hunter, the proper mode of tying an artery was not understood, and hence a great number of cases of failure ensued—that is, in a great number of instances hæmorrhage took place at a greater or less distance of time after the artery was tied. The artery having been extensively detached, and perhaps tied with a large ligature, that bruised the coats, it ulcerated, and effusion of the lymph, necessary for sealing up the end of the artery, did not take place; and thus, when the ligature separated, secondary hæmorrhage came on. The occurrence of these untoward circumstances led surgeons to suppose that it might be advantageous to put a ligature higher up on the vessel, without drawing it tight—or to place a ligature under the artery, ready to be drawn when bleeding came on: these were called *ligatures of reserve*, and by the French *ligatures d'attente*. I think in one case Mr. Hunter employed four ligatures—tying two, and putting two on loosely. You can easily conceive what an excessive detachment of the coats of the artery there must have been, even in order to place four ligatures around it. When, too, you consider the effect which a seton produces in other parts of the body, you can suppose what an inflammation would be produced in the arterial tunics and neighbouring parts by four ligatures—in fact you would be pretty near the mark if you gave them another name, and called them four setons instead of ligatures.—Then an idea arose, that where hæmorrhage took place after an operation, it might be ascribed to some injury which the coats of the artery sustained in tying them; and thus it was proposed, in order to avoid pressing and injuring the parts, that cork, wood, and other substances should be laid upon the vessel; and that a broad ligature should then be applied, so as to press on these foreign substances, but without tying it very tightly. In a case operated on by Mr. Cline, a piece of cork was put on the artery, and tied with a tape; and a variety of other mechanical contrivances have been used to press upon

the artery, in order to obviate this much-dreaded circumstance—the occurrence of secondary hæmorrhage. There is no doubt that these contrivances were just the very means to favour, or rather insure, the occurrence of the accident; and so long as such principles prevailed, you cannot be surprised that surgeons were frequently troubled by the occurrence of this secondary hæmorrhage, and that many patients were lost in consequence of it.—In proportion as the principles connected with the application of ligatures became more clearly understood, all these practices were abandoned, and surgeons are now contented with passing small single ligatures round the vessels, detaching the parts to as small an extent as possible, and tying them tightly. Thus secondary hæmorrhage is now rarely heard of in aneurism. I never saw secondary hæmorrhage occur after aneurism, where the operation had been performed properly. I have never seen it take place in any instance in which I have myself tied the artery in aneurism, and therefore I conclude, that in tying them as I have described, it is not much to be dreaded.

ABSCESS OF THE CEREBELLUM.

THOMAS HIGGS, æt. 63, of short stature, for about six years past had been subject to very violent headaches; when these came on he used to turn giddy, fall down, and struggled as if in an epileptic fit. These symptoms did not arise from a plethoric habit, for, since the commencement of his complaint, he had experienced constant debility, and there was a bloodless appearance of the skin, with emaciation; moreover, a reclining posture would lessen the severity of the attacks, and, if persevered in, their frequency. Sometimes, even upon the hottest day, he would complain of universal chilliness, and tremble as if labouring under intermittent fever; at other times he would perspire violently. The debility did not yield to the exhibition of iron, or the most powerful tonics, neither the chilliness to stimulants, but continued up to the time of his death, which took place almost suddenly. He fell down one day in a fit, apparently similar to those he generally had, although of greater severity; the symptoms growing worse, assumed the character of serous apoplexy, and being in too feeble a state to bear depletion, or any active remedies, he died a few hours after he was seized.—The first appearance seen on opening the skull and removing the dura-mater, was a collection of pus effused under the whole course of the arachnoid and pia-mater; these membranes were rather inflamed and vascular. The suppurative process did not affect the substance of the cerebrum, but only the membranes, so that the pus and membranes could be easily removed together: the cerebral mass was softer than natural, and the convolutions appeared compressed by the matter upon them. Upon examining the cerebellum, the mischief was found to be not confined to the surface alone, but had entered into its substance, and caused an abscess of considerable size upon the right, and a lesser abscess upon the left side; pure pus escaped from them when the cerebellum was taken out of the base of the skull. The ventricles were greatly gorged with a serous fluid containing flakes of pus; the walls were softened, and had partaken of the morbid process going on in other parts of the brain. Such extensive disease doubtless resulted from chronic inflammation; the pus had, in all probability, formed some years ago, and gradually augmented, giving rise to the several symptoms with which the patient was afflicted, especially the chilliness. Had not serous apoplexy intervened, and proved the immediate cause of death, the chances are that a much greater accumulation of pus would have taken place, and caused death by its mechanical pressure. A. B.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

The Anatomist's Vade Mecum. By W. J. Erasmus Wilson, with many Plates. Churchill.

Maryland Medical and Surgical Journal.—Baltimore (in exchange).—[The penny-postage on this American Journal was only 8s. 9d. We must beg our American brother to send by a more reasonable channel.]

Physical Education; or the Nurture and Management of Children, founded on the study of their Nature and Constitution. By S. Smiles, Surgeon.

Advice to Mothers on the Management of their Offspring. By Pye H. Chavasse, M.R.C.S. *The Physiognomy of Mental Diseases.* By Sir Alexander Morison, M.D., &c., &c., with numerous Plates.

MR. LAWRENCE.—It was sent. The post-office should be strictly looked to, as the frequency of the offence calls loudly for remedy.

RECEIVED.—University College Hospital—Chirurgus.—R. A.

MR. RAE, of STIRLING, has our thanks.

THE MC CANN QUACKERY is becoming as foul as the Morisonian, although the one is professional and the other vulgar, they are equally rampant. We bide our time.

MR. LAING—MR. SMYTH, CO. CORK.—The copies were posted, and must have been kept or lost by the post-office officials. We trust the failure will not occur again. We send others.

DR. POULTARD can obtain the first volume of the 'Medical Times' through any Dublin bookseller.

DELTA.—The English text shall be printed, but we should be glad to hear further.—Would not an interview in Paris be advantageous? The terms for the translation are fair. The copies are regularly posted both to Paris and Brussels.

Gentlemen disposed to contribute to the Benevolent Fund of the Provincial Medical Association, may transmit their donations or subscriptions either to Dr. Hastings, Worcester, or to Dr. Conolly, Castleton House, near Cheltenham, the Treasurer of the Fund.

MR. PARKE's letter and several reviews are again unavoidably postponed.

A COUNTRY SUBSCRIBER can only obtain the required information by writing to Mr. Rothman, University of London, Somerset House, London.

USE OF THE LANCET.—This case, forwarded by a correspondent, is another to be added to the many which have gone before, evincing, by the evidence before a jury, the necessity for medical reform. It shows most forcibly, that the public equally with the profession, are interested in the full settlement of the momentous question, and that under the existing system no man's life is safe.

DR. KINGSLEY is thanked for his friendly hints, which shall have the attention they deserve. The subscription expired with No. 38.

If A COUNTRY SURGEON, who inquires as to the prevalent epidemic among cattle, will observe for himself, he will find that this disease is in many respects like the epidemic among horses during the spring of 1836, being in most instances of a slight nature, the constitution not suffering from fever, either of the typhoid or inflammatory character, and recovery taking place without the administration or application of medicinal agents. The attack does not always commence in the same form, but ultimately terminates in a general disease of the same type and character; in some animals it commences in the feet, between the claws, and in others it appears to have begun in the mouth; in others a stiffness in the legs of the animals is first perceived, as if treading on thorns and briars; and then follows a discharge of saliva from the mouth, and a champing of the lips, accompanied with blisters on the tongue, palate, and lips; the blisters peel off, loss of appetite and general debility ensue. Regimen, dry and warm lodging and cleanliness are the main points.

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THE MEDICAL TIMES.

ONE MORE PROMISE FOR MEDICAL REFORM.

IN some of the papers of Wednesday (it did not appear in the *Times*), we find the following, crowded in among other notices of motions:—

"Mr. WARBURTON gave notice, that on the 1st day of July he would move that the House should resolve itself into a Committee on the subject of Medical Reform."

VACCINATION BILL.

The House of Commons, after receiving petitions, was occupied one whole evening with the discussion of the Vaccination Bill, an abstract of which we have already placed before our readers.—MR. WAKLEY proposed to substitute the Small-Pox Prevention Bill in place of the Vaccination Bill; but after a short discussion, the Vaccination Bill was carried by a majority of 17, and the House then went into a Committee upon it. It was discussed in detail.

—Clause 1, empowering Poor-Law Guardians to contract with their medical officers for vaccination being read, MR. WAKLEY proposed to leave out the words 'medical officers appointed by the Board of Guardians,' and to insert, 'medical practitioners, or any of them, within the several unions,' which, upon a division, was agreed to. —On clause 3 being proposed, which provides that officers engaged in the administration of the Poor-Laws should, for the purposes of the Act, conform to the instructions of the Poor-Law Commissioners—MR. WAKLEY opposed the clause, as it would have the effect of introducing the power of the Poor-Law Commissioners into districts where they were at present unknown, and where the inhabitants hoped never to have anything to do with them. Besides, it was an insult to the medical profession to place medical practitioners under the control of Commissioners, none of whom were medical men; he should divide the Committee

on this clause. On a division there appeared a majority against the amendment of 44, and the clause was ordered to stand part of the Bill. —On clause 10, prohibiting unqualified persons from inoculating, MR. WAKLEY said, that wishing to raise the question whether inoculation should not be wholly abolished, he should divide the House upon an amendment which he was about to propose on this clause. Were the persons that were unprepared for this? Were they informed as to the present practice in this country? Were they aware of what had happened in England before the discovery of vaccination? or were they aware of the practice of foreign countries? A physician of eminence some time ago had expressed an opinion, that small-pox in its most virulent state was identical with the plague. If any one were to set up to inoculate for the plague, would that be allowed? At present, in Wurtemberg and other parts of the continent, and even in one of our colonies, inoculation was prohibited. Now, if they were to pass this clause, that was to say, if they prohibited unqualified persons only from inoculating, the public would conclude that the House had given a legislative sanction to inoculation. Was it not awful that 17,000 persons died annually of this frightful malady? Upwards of 1000 died of it last year in London alone. Then the evidence of the protective power of vaccination was as conclusive and indisputable, that he trusted the House would meet this calamity with a determined resolution, and say that no man, whatever his qualification or station in the profession, should be allowed to propagate poison by inoculation, and that it should be altogether prohibited under heavy penalties. The Hon. Member then moved the omission of certain words in the clause, with the view of altering it so as to effect his object. —Several other Members having expressed their opinions, SIR J. GRAHAM made some strong remarks.—He was followed by the ATTORNEY-GENERAL, who advocated the suppression of inoculation, and a clause was eventually introduced to the following effect—"That any person guilty of such misdemeanour, *i. e.* of causing small-pox by inoculation or exposure, shall be liable to be proceeded against and convicted summarily before two or more justices of the peace in petty sessions assembled, and committed for one month."—The Report was ordered to be brought up the following day, when it was agreed to and ordered to be printed. —MR. WAKLEY has thus succeeded in one point, although he has unfortunately failed in the other. We shall lose no time in printing the Bill in full when it has passed the ordeal.

HOUSE OF COMMONS, June 22.—MR. G. Berkeley presented a petition from two gentlemen named Jenner, stating that they were the nephews of the late Dr. Jenner, had devoted their property to promote vaccination, and were in distressed circumstances, and praying the House to take their case into consideration.—On the same evening Sir W. Somerville presented a petition from Drogheda, praying that certain proceedings of the Apothecaries' Hall, Dublin, might be stayed.

CHEMISTRY, WITH ITS APPLICATIONS.

Pectic Acid.—*Theory of the Maturation of Fruit.*—The *Revue Scientifique et Industrielle* supplies a convenient analysis of the memoir of M. Fremy, in the *Journal de Pharmacie*, which treats of the modifications of pectine, under the influence of chemical or natural agents. Green fruits contain a matter insoluble in water, which may be transformed into pectine under the influence of acid, even in a state of great dilution. When the pulp of green fruit is washed in a large quantity of water, a mass of insoluble matter is extracted, which, if poured for a few minutes in very dilute malic, tartaric, or sulphuric acids, will be converted into a mucilaginous matter, which is pure pectine. As green fruit contains very little pectine perfectly formed, M. Fremy ascribes its formation in the ripe fruit to the action of the acid contained in the fruit. In boiled fruit pectine is formed by the acid, whose action is accelerated by heat. Pectine must be considered as a real acid, but which experiences remarkable changes in its capacity of saturation; and we may, in some measure, produce at will the transitory states through which it passes before it constitutes a well-defined acid.—Pectine, under the influence of an excess of base, is transformed into pectic acid. Both have the same composition, but the latter requires two atoms of base to form a neutral salt. We find in fruits, and some roots, an animal matter which can transform the pectine into pectic acid. This matter, a real ferment, sometimes called vegetable albumen, may be obtained by precipitating with alcohol the juice of fruits which contain no pectine.—If we put a solution of pectine in contact with this ferment, we see it converted from its limpid state into a jelly, no longer soluble; that jelly is pure pectic acid. It is clear, therefore, that vegetable jellies are mere transformations of pectine, under the influence of vegetable albumen.

New mode of preparing Indigo in France.—The *Journal de Pharmacie* contains three important memoirs on this subject, which respectively obtained prizes of 1000, 500, and 100 francs. Our space will permit of but one extract. The produce by the old colonial method is about $1\frac{1}{2}$ per cent. of the fresh leaves, that of M. Baudremont about 0.89, and that of the author of one of the memoirs only 0.5; but the qualities and values of the several products are inversely, according to the quantity produced, the larger quantity being mixed with heterogeneous matter, and the smaller quantity producing more dye than the larger. The substitution of hydrochloric for sulphuric acid constitutes the chief improvement. The following is the method. Put the leaves in three times their weight of water, at a temperature only of thirty degrees centigrade; abandon the infusion to itself until it acquires a greenish tint, and the surface is covered with a coloured scum. Then strain, and add to it $1\frac{1}{2}$ per cent. of hydrochloric acid. In two minutes, that is when certain foreign matters are beginning to precipitate, and before the indigo tinge has separated, filter through a closely-woven cloth, which retains the impurity, and suffers the indigo, in a state of solution, to pass. The filtered liquor containing the indigo must be well agitated for a quarter of an hour, in order to oxygenate the mass; it is then set aside to deposit. The indigo, when precipitated, is to be washed with slightly alcalized water, and dried. It is of a fine colour, excessively light in weight, whereas that made by former methods is hard, and of inferior quality, from admixture with albuminous or pectic matters.—The colonial plan is to precipitate the indigo

by beating up the liquor (after a certain degree of fermentation), and adding lime-water.—M. Baudremont effects the precipitation by sulphuric acid, after twenty-four hours of infusion.—M. Osmin Harvy, who obtained the highest of the prizes, employs a higher temperature, and more water; he precipitates by 4 grammes of lime to 500 of leaves, agitates the liquor well, and finally washes away the lime from the deposited indigo.

Applications of Polychromic Acid to Dyeing.—We were indebted to the *Revue Scientifique* for the excellent account of polychromic acid in our Number of the 13th. We add a word respecting the various colours it is capable of producing, and which are *extremely permanent*.—*Nuance bois* is produced by using a mordant of acetate of copper, and washing the linen to be dyed in ammoniated water.—*Corinthe* by citric or tartaric acid mordant.—*Rose*, in the same manner, with the addition of a little alum.—*Violet*, add to the polychromic solution liquid ammonia and acetic acid, separately. The same result is not produced by the acetate of ammonia previously formed.—*Grey* is formed by a mordant of the protochlorures of tin and manganese mixed and heated, and the stuff subsequently washed in river water. A small quantity of tartaric acid is added to the polychromic bath.—*Blue*, add to the polychromic bath a double salt, prepared with protochlorure of tin and bitartrate of potash, which produces violet, then add a solution of chlorure of tin and tartaric acid, and finally, a small quantity of liquid ammonia.—*Eerues*, add potash in excess to the polychromic bath, in a state of ebullition. Add to the mixture a little acetic acid, and after having dipped the stuff in it, wash with an acidulated water.—*Aventurine* is obtained from the acid liquor from the re-action of the nitric acid on the aloes, which remains after precipitation of the polychromic acid.—*Yellow* has been obtained with *carbazotic acid*.—*Green* by immersing the yellow from carbazotic acid in the blue bath above mentioned.—There are some others which the author thinks it needless to enumerate.

Crystallization of Potatoe Sugar.—M. PELIGOR, in a course of lectures now being delivered at the Sorbonne, has announced that potatoe sugar, which has been long since erroneously considered to be uncrystallizable, is capable of being produced nearly of as fine quality as the cane or beet-root sugar, and may be delivered at five sous the killogramme (of two pounds French), which is $1\frac{1}{4}$ d. for an English pound and two ounces.

Pepsine, the active agent of digestion in the Stomach.—The *Revue Scientifique* shows that the digestion of the aliment is not the effect of fermentation, or of solution in lactic or other acids in the stomach, but is produced by a mucous secretion of the gastric glands, to which the name of *pepsine* has been given. Artificial digestion out of the body may be produced by this pepsine mucus, mixed with acid. The active principle resides in the grumous matter which fills the inner cells of the glandular membrane of the stomach. The membrane describes a circle which ascends from the great curvature of the cardiac orifice, and is distinguishable from the other parts of the mucous membrane by its chemical nature; for if digested in very dilute acid, it almost entirely dissolves.

Preservation of Dead Bodies by arsenic injection for anatomical studies.—The *Journal de Pharmacie*, for this purpose, recommends the injection of a limb with a solution made by boiling 125 grammes (4 ounces) of arsenious acid in 1500 grammes (3 pounds) of water. The injection is to be used warm, inasmuch as by cooling, it deposits the greater portion of the

mineral. To preserve bodies ad infinitum, the injection should be repeated three times, at an interval of some hours. This practice has been adopted with complete success at the *Ecole de Medicine* in Paris, in Palermo, in the United States, and in Calcutta. It is superior to the aluminous preparations, because it does not spoil the scalpel, while it preserves the natural appearance of the muscles. When the vessels are subsequently to be injected for arterial preparations, an interval of twenty-four hours should be allowed for the arsenical solution to have escaped from the vessels into the cellular membrane.

The *Journal de Chimie Medicale*, which also contains the above particulars, has a notice from M. GANNAL, *On the inconveniences which result from Arsenic employed for the preservation of dead bodies*; but this applies only to the permanent preservation, or process of embalming. M. G. says, that bodies injected with arsenic, and buried in leaden coffins, become quickly covered with *byssus*, and they are decomposed in less than a year; also that objects injected with arsenic, and exposed to the air, disengage arsenicated hydrogen as soon as desiccation commences, and the liberation of the poisonous gas continues for four years.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.
Lat. $51^{\circ} 37' 44''$ North, Long. $34^{\circ} 45'$ West.)

WEATHER.							
	Fair.	Fine.	Fair, with brisk wind, and showery.	Squally—with rain.	Squally.	Squally—with rain.	Fair.
WIND.	W.	W.	W.	W.	W.	W.	N.W.
RAIN.			.17	.08	.02	.10	.37
BAROMETER.							
	Highest.	Lowest.					
	29.962	29.880	29.840	29.750	29.708	29.750	29.818
	29.938	29.756	29.730	29.580	29.876	30.150	29.901
THERMOMETER.							
	Highest.	Lowest.					
	71	49	57	56	47	48	46
	80	56	74	70	66	61	74
JUNE.	14	15	16	17	18	19	20
	Mean						

Solar radiation on the 15th, 102 degrees, the highest in the week.

W. JACKSON.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, June 18th, 1840:—

Thomas Weatherhead.

John Brown Maughan.

John Leek London, Halesworth, Suffolk.

Theophilus C. Lewis.

Henry Homer, Leamington Spa.

Thomas Spencer Wells, Liverpool.

Charles Ludewig Arnaman, London.

Henry Squire Willmott, Devonport.

John James Pocock, Charmouth, Devon.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

*Journal de Chimie Medicale.***Journal de Pharmacie.***L'Echo du Monde Savant.***Revue Scientifique et Industrielle.***Annali Universali di Medicina.**Bulletin de la Societ  Anatomique.**Bulletin Chirurgical de Laugier.**Bulletin Therapeutique.**Gazette Medicale.**Gazette des Hopitaux.**Gazette des Medicins Practiciens.**L'Esculape.**Archives de la Medicine Belge.**Medicinische Annalen.**Monatschrift fur Medicin.**Hufeland's Journal.**M ller's Archives.**Medicinisches Correspondanz-Blatt.**Medecenische Zeitung.*

Diseased Prostate—Retention of Urine—Injections of Iodine into the Bladder with temporary relief—Injections of Acetate of Lead—Death. This case, which is one of great interest, is also published by M. LAUGIER. The iodine was employed with marked advantage, but the mass of disease, as appeared on dissection, was too great to be subdued by any medication.—The retention of urine was at first combated with a certain degree of success by leeches to the perineum, mucilaginous drinks, and perhaps the repose and diet of an hospital ward; the patient partly recovered the power of discharging his urine, but two or three glasses of sedimentous and strong scented urine were left behind. After every introduction of the catheter, cold emollient injections were thrown into the bladder, in order to diminish the acrimony of the urine.—On examining the prostate by means of the finger in the rectum, no enlargement was detected, for, as was afterwards discovered, the whole enlargement projected inwardly into the bladder.—Injections slightly charged with acetate of lead were tried, but after a few days were suspended, in consequence of its producing pain. The emollient injections were then resumed, but were again laid aside, because the introduction of the catheter produced pain.—The general health was now not amiss, and after the bladder had recovered from the irritable state which seemed to have been produced by the injections with acetate of lead, M. L. administered iodine internally by the stomach, and by means of injection into the bladder, in order to produce atrophy of the gland, as is sometimes effected in the mammae and testicles. Four drops of tincture of iodine were given in the course of the day, and the same quantity in water was injected into the bladder. In a fortnight there was a marked amendment in the flow of urine, and much less was left behind after each evacuation, but after a certain time colics and diarrhoea supervened. The colics were relieved by opium, but the diarrhoea resisted it, the patient became daily more emaciated without complaining of any pain, except in the epigastrium. Shiverings now occurred, which were ascribed to suppuration in the prostate, but the post-mortem examination displayed the probable cause in a metastatic abscess of the kidney. A new examination by the rectum still detected no tumour, but gave an appearance of irregularities like ulcerations; no pus, however, had been observed in the intestinal discharges. The diarrhoea remained invincible until death. With the

exception of the diarrhoea and the shiverings, the general symptoms did not indicate purulent absorption.—On *dissection* the posterior surface of the kidney was one large abscess. The tubular substance was sphacelated on scraping it, a pultaceous sanies of a pungent odour came away. At the lower extremity of the kidney, a metastatic abscess opened into the renal cavity; disease of the same kind, but in a more incipient stage, was found in the left kidney. The mucous membrane of the transverse and descending colon, together with that of the rectum, were much inflamed, and of a reddish grey colour like some granites. In some parts it had the colour of wine lees, and was covered by false membranous flakes.—The lateral lobes of the prostate projected into the cavity of the bladder like two eggs; the middle lobe was greatly enlarged, and of a pyriform shape. M. LAUGIER remarks, that the middle lobe is of the same substance as the lateral, but a distinct lobe, and not merely a morbid growth.

The *Gazette des Medicins Practiciens*, in a *Report of the Lectures on Pathology and General Therapeutics* of Professor ANDRAL, leads me to expect, and most fervently to hope, that the humoral pathology, *purged of its errors*, will once more take a prominent place among medical theories. Sylvius and many others, down to the time, at least, of Huxham, maintained the existence of alkali in the blood in malignant fevers, and while French hospitals dispatch their typhoid patients, and treat us with exquisite pathological specimens, good old practitioners in England cure their patients by muriatic and other acids. Professor Andral, after taking a review of the opinions of the humoral pathologists, which he avers to be *true as to their foundation*, but spoiled by illogical conclusions, winds up the narrative as follows:—"In this period (viz. from Thales to Lavoisier), the doctrine (of the humoral pathology) had, more or less, possession of the schools. If, in spite of all the mistakes to which this idea has given rise, it has not perished; if at every period, from the Greeks to the present hour, notwithstanding all its errors, it has constantly seduced and carried away men of superior minds, does not this prove that the idea is not entirely devoid of truth? If it had not its true side, it would have long since been irrevocably discarded. If I had no other means of demonstrating that some truth is to be found in the doctrine, I would stand upon this historical fact." The Professor then adverts to the great services which chemistry seems destined to render to the therapeutic art.

Lactate of Iron—Preparation of Lactic Acid is given by the *Bulletin Therapeutique*.—Milk-whey, under the influence of warm temperature, generates lactic acid. The liquor evaporated to one-third, is saturated with lime previously mixed with water, to the consistence of cream; an abundant precipitate, chiefly of calcareous phosphate, is formed. The filtered solution, treated with oxalic acid, precipitates a second time, and the supernatant liquor, containing the lactic acid, with lactine and saline matters, is to be evaporated to the consistence of a syrup. Alcohol precipitates the extraneous lactine and salts, leaving the pure lactic acid in the solution.—The *lactate of iron* is produced by iron filings, digested for seven hours in the lactic acid, prepared as above, without purification. The liquor being then boiled, and concentrated, chystalizes on cooling. The foreign salts and lactine remain in the solution.

Lactate of Iron, and mode of detecting its adulteration.—Our 38th Number contained particulars on this subject, since which others have appeared in the *Gazette des Medicins*

Practiciens. The manufacturers, instead of supplying this salt in chrystals, fraudulently deliver it in powder. The chrystals are in plates, with tetraedric needles on their surface, fine, short, and of that light greenish tint which is common to the protosalts of iron. Exposed to the light, it becomes at first yellow, then brown, and peroxydates itself.—A mode of detecting the adulteration of the powder we gave in No. 38. The test employed was chlorure of barium.—The admixture of starch may be discovered by the blue tint of its solution, on receiving a few drops of tincture of iodine.—The adulteration by *lactine*, or sugar of milk, may be detected by heated nitric acid, which converts the *lactine* into *mucic acid*. For this purpose put two grammes of the suspected salt into twenty-five grammes of nitric acid, evaporate by heat until the solution is reduced to seven grammes. The liquor then becomes of a fine orange red colour, and, after having cooled for about three hours, will deposit the *mucic acid* in form of a white powder.—Its falsification, by tartrate of potash and iron, may be known by the greyish hue. Lime-water poured into its solution, forms an insoluble tartrate of lime.

The *Journal de Pharmacie*, among many excellent articles, contains '*Researches on Pectine and Pectic acid*,' under the general head of *First Essays on the Maturation of Fruits*. This memoir has obtained the prize of 1000 francs, bestowed by the *Societ  de Pharmacie*, for the best paper on this subject. Its length and importance have induced us to condense it within our limits on page 163.

Action of chemical substances, as Pyrolignite of Iron and other metallic salts, in the preservation of wood from decomposition, and from the depredation of insects.—*Quesneville's Revue Scientifique* contains the valuable memoir of M. BOUCHERIE on this subject. Chesnut hoops of casks were put into a damp cellar, half had been immersed in a solution of pyrolignite of iron, and the other half were left in their natural state, the latter were spoiled in eight months, while those impregnated with the mineral salt were perfectly sound.

Action of deliquescent Salts, in rendering Wood elastic and flexible.—"These two properties," says the author, "depend on their retaining a certain portion of moisture, which object may be attained by impregnating them with deliquescent chlorures, which are found in the mother waters of salines, and may be obtained at a low price. M. Boucherie adds a small portion (one-fifth) of pyrolignite of iron as a preservative, although he thinks the wood might be preserved by the salts alone.

Action of deliquescent Salts as a substitute for the drying of Wood to prevent variations in bulk from atmospheric changes.—Humidity increases the bulk of wood-work, while, on the other hand, drought contracts it. The great object, therefore, of the workman has ever been to produce the most perfect desiccation. Does it not seem a paradox to produce the effect of desiccation by deliquescent materials? Yet such is affirmed to be the case by the author. The wood is not, indeed, dried, but is preserved in a state of uniform bulk, which prevents its play under atmospheric change.

Poisoning by Seeds of Colchicum—also by the Leaves.—The second of these cases as recorded in the *Medicinisches Correspondanz-Blatt*, may lead to the inference, that the leaves of colchicum possess the same medicinal properties as the bulb and seeds, which have hitherto been alone admitted into the Pharmacopœias. The particulars of the first case are as follows:—A large spoonful of seeds

* Some Chemical notices will be found in another part under the head 'Chemistry and its Applications.'

boiled in water, was swallowed by mistake, and occasioned vomitings, with from fifteen to twenty stools during the same night. The abdomen contracted spasmodically on the slightest touch, the pulse was small and slow, the intestinal evacuations were liquid, and contained white membranous flakes. On the third day the respiration became hurried, the voice was altered, the eyes were sunk in the orbit, and the pupils dilated; the patient could not put out his tongue, the extremities were cold, and the pulse was scarcely perceptible. There was, however, no thirst, nor pain in the abdomen.—On *Dissection*, the mouth was spasmodically closed, the limbs were contracted, the abdomen was not tumefied, but hard, and was covered with greenish blue and violet spots of various forms. The muscles were of a dark blue colour, and dry. The trachea was ulcerated near its bifurcation. The lungs were not affected. The heart was covered with the same coloured spots as were seen on the abdomen. The œsophagus, near the cardia, was red, and the cardia itself violet. The stomach was also dark upon its internal surface, and its veins, as well as those of the intestines, were filled with black blood. The liver was of a violet colour at its inferior and posterior surface. The gall-bladder was voluminous, and filled with green bile. The interior of the small intestines presented red and brownish spots.

Cæsarian Section for Extra-uterine Fœtus—Death.—This case is reported by the same journal. At the end of the usual period of gestation, M. NANER examined per vaginam, and found the uterus unimpregnated. He therefore conceived that he had to deal with ovarian dropsy; but the woman declared that she had distinctly felt the child from the fifth month until the last fortnight. As she was now labouring under convulsive pains, a puncture was made below the umbilicus, which gave issue to a gelatinous liquid of a brown red colour; the abdomen became reduced in size, and the knees and elbows of the fœtus were distinguishable through the integuments. The Cæsarian section was immediately performed in the linea alba. The thickened peritoneum, of a reddish brown colour, formed a sac to which the membranes adhered, and a considerable quantity of foetid sanies exuded through the previous opening. It was laid open and a fœtus was extracted, which seemed to have been dead three weeks.—The placenta, which adhered to the left iliac muscle, and to the cavity of the sacrum, was afterwards extracted, and this was followed by tremendous hæmorrhage, which was stopped by sponges dipped in vinegar. The cord was not detached until the fifth day, and the day afterwards the patient died.—The fœtus had been contained in a membranous sac of new formation, at the bottom of which the shape of the rectum and uterus were seen. The sac adhered strongly to the peritoneum, and on dissection it was found to have acquired a gangrenous hue. The point of attachment of the umbilical cord was not found. The arteries of the placenta were supplied by the epigastric and the mesenteric, which had tripled their ordinary size. The ovaria, the Fallopian tubes, and the uterus, were sound.

Efficacy of Cod-liver Oil.—Hufeland's Journal relates three cases of scrofulous caries of the knee, the elbow, and the sternum, which had resisted every other treatment, but were cured by the cod-liver oil. The patients were all in a state of marasmus. An ounce of the oil was given daily, and the symptoms improved almost immediately. This remedy is also used in France in rickets, and probably acts from the iodine which it contains.

The same journal has a *case of Hernia of the left lobe of the Liver*.—The patient in his infancy had an abscess of the liver, giving issue externally, and leaving a cicatrix; at length, after a violent effort, a sensation of rupture was felt within the cicatrix, which became prominent. Violent colics, and stercoraceous vomiting followed. Dr. Burdach cut down upon the prominence, and to his great surprise fell upon the left lobe of the liver, which he pushed back, and the patient was greatly relieved. The following night bilious vomitings and intense fever came on, but they subsided, and the bowels became freely evacuated.

PUERPERAL CONVULSIONS.

To the Editor of the 'Medical Times.'

SIR,—As the following case of puerperal convulsions may prove interesting to some of your numerous readers, I have taken the liberty of forwarding it for insertion in your valuable Journal, and remain,

Sir, your obedient servant,

HENRY CHAMBERS.

Ledbury Dispensary, Herefordshire, June 8, 1840.

On October the 6th, 1839, I was summoned, about six o'clock p.m., to attend Sarah Thomas, residing at Little Marcle, then in labour with her first child. She was a stout, florid, robust woman, with strong muscular fibre, with thick set form, and short neck, just such a person as might be considered predisposed to apoplexy. Upon my arrival, I was informed by the midwife in attendance that she had had two or three convulsive attacks, and on entering the room found that she was then labouring under another. Her countenance had assumed a most hideous appearance, her face being turgid, livid, and much swollen; her breathing hurried, irregular, and laborious, the pulse remaining at no settled standard, but varying much, being alternately full and slow. Her head was thrown back, and the superior and inferior extremities were at times firmly set, at intervals relaxed and tossed about in all directions; every symptom, indeed, but too plainly showing the nature of the attack. As soon as the paroxysm had subsided, I readily availed myself of that most powerful auxiliary the lancet, and drew from a large orifice in the arm from $\bar{3}$ xxxx to $\bar{3}$ xxxv of blood, with a decidedly good effect, as she received considerable relief afterwards, only complaining of slight pain and sense of fulness in the head. Upon making an examination, per vaginam, I found that the membranes were ruptured, the os tincæ dilated to about the size of a half-crown, yet still so rigid as to preclude the possibility of either the forceps being applied or the hand introduced to finish the case by turning. The head was presenting in the first position. She remained perfectly tranquil, and free from any attack for about four or five hours, the labour proceeding favourably, yet very tardily, the uterine contractions being slow and ineffectual. Between twelve and one o'clock she had a slight convulsive attack, which remained but for a short time; another quickly succeeded, followed by subsequent ones, more lengthened and alarming. A second time I had recourse to the lancet, and abstracted from $\bar{3}$ xx to $\bar{3}$ xxv of blood, without any apparently good effect. Her hair was entirely cut away, and cold water constantly applied to the head. Affairs beginning to wear a more serious aspect, and finding that the only possibility of saving her life depended upon immediate delivery by the aid of instruments, I sent for Mr. Wood, who speedily came, bringing them with him. That latter gentleman promptly determined upon delivery by the aid of the forceps; but the attempt was

both rendered difficult, and in no small degree hazardous from the violent struggles of the patient, who, during the whole time of their application, was in convulsions, the combined efforts of four assistants being unable effectually to hold her. This difficulty was considerably augmented by the fact of the head being placed very high up within the pelvic cavity, the os tincæ, though pretty considerably dilated, was still scarcely sufficiently so as to admit of their use; but "neque posse vehementi malo, nisi æque vehemens auxilium succurrere," was strikingly applicable to this case. The convulsive attack continuing to increase rather than abate, and finding, after a long trial, that it was impossible to apply the forceps so as to render them effective, they having twice slipped from their hold of the head, we were compelled to have recourse to the last and only alternative which presented itself, viz., craniotomy. This operation was less painful to contemplate, feeling assured that from the length and nature of the attack the offspring was dead; had this indeed not been the case, the well-known axiom in obstetric practice fully warranted the step, as the patient evidently would have sunk in a short time. Little difficulty was experienced in applying those instruments, the perforator readily entered the head, and a great part of the parietal bones were soon extracted. This done, some little difficulty arose in the passing of the shoulders (probably from narrowness of the pelvis), and ultimately delivery was effected about four o'clock on the Monday morning. By gentle pressure over the region of the uterus, that organ was incited to expel the placenta, less hæmorrhage occurring than might have been expected. As soon as the child was born the convulsions ceased, the woman remaining in a state of insensibility, from which she did not recover for ten or twelve hours; and when reason had resumed her empire, was quite oblivious as to the past, scarcely crediting that she had become a mother. It would be foreign in this instance to particularize the subsequent treatment, or the nature of after visits, as nothing of further interest occurred; no unpleasant symptoms followed; slowly yet gradually she became convalescent, and now, happily, is restored to sound health and the bosom of her family.

DEATH FROM AIR IN THE VEINS.

Experiment on a living Animal, illustrating the cause of death in this case.

IN my former communication of M. MERCIER'S case of sudden death on the operating-table of the Hotel Dieu, from the irruption of air into the axillary vein, while undergoing the disarticulation of the humerus, I omitted to supply one of the experiments of that gentleman, which shows both the cause of death, and the manner whereby the fatal termination may be averted, if had recourse to in time. It shows that the immediate cause of death is the want of a sufficient supply of blood to the brain, which is more speedily felt by man, on account of the vertical position of that organ, than in animals. Hence M. MERCIER conceived, that if he could send to the head the little blood that in spite of the obstruction might still circulate, death would be at least retarded, and in some cases averted.—Two things were necessary for this purpose, the recumbent position and pressure upon the abdominal aorta, so as to keep the whole of the blood in the upper part of the body, as was exemplified in the following experiments:—

The sterno-humeral muscle of a dog was cut through, and the axillary artery accidentally opened, by which the animal lost sixteen ounces of blood before the vessel could

be tied. The concomitant vein was then perceived to swell during expiration, and empty itself during inspiration: a transverse incision was made in it, through which the air penetrated; but in order to remove all doubt of this result, the lips of the wound were kept asunder with a pair of forceps. The animal became distressed, the respiration was hurried, the strength failed. Ten minutes afterwards the respiration was slow and deep, all other signs of life having disappeared. M. MERCIER then compressed the aorta, which was scarcely to be discovered by its pulsation; the respiration soon became slower, a slight moan was uttered, the eyes reopened, and the animal was desirous of getting upon its legs. The compression was now abandoned, the respiration again became slow, and the dog was speedily brought a second time to the brink of death. The compression of the aorta was again employed with the same result, and the animal recovered.—A third time the compression was withdrawn, and the animal was reduced to the former state of approaching death; the compression was renewed and the animal recovered.—A fourth time the compression was withdrawn, and again renewed, with alternation of all but death and recovery, but on withdrawing the compression a fifth time, the animal had become injured to its accident, and although at first a little stupified and seemingly astonished, he soon recovered and licked his blood from the table. Two hours afterwards he ate half a pound of meat, was constipated for forty-eight hours, and was afterwards purged during four days.

PROVINCIAL MEDICAL AFFAIRS.

DUNDEE.—The annual general court of the Directors of the Dundee Royal Lunatic Asylum was held in the Town Hall. The superintendent read the medical report, which was approved of; and the thanks of the meeting were given to the physician and superintendent, who had drawn it up; and Dr. Cannan was requested to take charge of the printing of a thousand copies of the reports. So general seemed to be the satisfaction with the management of this most useful institution,—the prosperity of which must be ascribed, in no small degree, to the exertions of the resident officers,—that we understand notice was given, with the concurrence of those present, of a motion to be made at the next general meeting, to raise the salary of the superintendent, in order to mark their sense of the value of his services.

GLASGOW.—CHAIR OF MIDWIFERY.—We understand that Dr. Cumin has resigned the Professorship of Midwifery in the University of Glasgow. We have heard the names of several eminent medical practitioners mentioned as applicants for the vacant chair. We hope the Crown, in which the patronage is vested, will take care that the appointment will do honour to the University.

HASTINGS.—The Report of the Infirmary Committee has been published, by which it appears that tenders have been received and accepted for the erection of the proposed building, and that the lowest amounts in the whole to £2027 7s. The consequence is that this sum exceeds the fund in hand by £390 14s. 5d. But the payment of this deficiency has been guaranteed to the contractors by several gentlemen of the Committee, and the public are therefore relied upon for farther subscriptions to enable the Committee to finish the building, and to furnish it when completed.

LEINSTER.—Some controversy has arisen as to the appointment to the Naas Infirmary and

Goal.—It grieves us to see party feeling entering into medical appointments—appointments which should ever be made in reference to the ability of the candidates to lighten the load of suffering humanity, rather than to their political bias, or their religious creed.

PERTH.—An attempt is making to establish a Sea-bathing Infirmary for the sick poor of this locality. It appears that with the exception of a cold and warm bath at Broughty Ferry, there is nothing of the description referred to along the whole coast, from the Tay to the Dee; and the expense attendant on the use of the small and incommodious baths above-mentioned renders them inaccessible to few but the richer classes.

STIRLING.—Mr. Rae has kindly forwarded to us full particulars of the important public meeting, held at Stirling, in favour of Medical Reform. The abuses of the profession were clearly stated, and strongly commented upon, and a petition to parliament adopted.

DETACHED FACTS.

Four Children at a Birth—First Pregnancy.

—The *Gazette des Hopitaux* gives this case, which occurred in the practice of Dr. Bourdois. The woman was delivered at the seventh month; an interval of twelve hours occurred between the delivery of the first and second child. The third and fourth came in succession quickly after the second. The waters of the amnios were evacuated a second time, after the birth of the two first children. There were two placentæ, one with three cords, the other with only one.

Treatment of Bleorrhagia by Alum and Cubebs.—M. Ricord recommends this practice, and cases illustrating its efficacy have been published by Dr. Methieu. One patient was cured in three days, after three weeks illness; the second recovered in eight days, after the disease had existed fifteen; and others were equally successful.—The formula employed is two ounces of cubebs, and half an ounce of alum, a third of which is taken daily in divided doses. A suspensory is used, and the patient is kept on low diet.

Purulent Ophthalmia, by concentrated solutions of Nitrate of Silver.—This treatment is still employed at La Charité with invariable success. Half a drachm of nitrate of silver is dissolved in an ounce of distilled water, and the solution is poured into the eye two or three times in the day, by which the disease is frequently cured in twenty-four hours. It begins in the palpebral conjunctiva in newborn and young children; but the ocular conjunctiva is first attacked in adults, and proceeds with such rapidity that the eye is soon destroyed. This indeed was almost inevitable, until the nitrate of silver was employed in strong solution.

Encephaloid Cancer of the Gall-bladder.

—A woman at the *Salpetriere* had colic and diarrhœa without fever; an icterical tint soon pervaded the whole body, and the abdomen was swollen and sonorous from flatulence, but without pain on pressure. The liver was felt below the right false ribs and was painful. The tongue was parched, and the hand slightly œdematous.—*Dissection.* The gall-bladder was voluminous, hard, and bossed. It contained several encephaloid masses, and about twenty biliary calculi, varying in size from a pea to a small nut. They were friable, and of different shades of colour, between black and yellow. The coats of the bladder were white and thick, with a pediculated encephaloid tumour on the inner surface, large as a pigeon's egg. A tumour was formed on the pancreas, filled with

clots of black blood, mixed with a soft pulpy and white mass, resembling softened encephaloid matter.—A second case occurred in which the gall-bladder was filled with pultaceous matter, and opened by large ulceration into the transverse colon. The patient, who was seventy-two years of age, had vomitings, excessive diarrhœa, and colic pains; especially on the right side, which was tumefied and painful to the touch. Below the edge of the false ribs was a tumour as large as a hen's egg. The skin was icterical.

Preparations of Silver in Syphilis.—DR. SICARD, of the Hospital Saint Eloi, at Montpellier, in imitation of the learned Professor SERRES of the same place, publishes his researches on the use of chlorure of silver, and ointment of oxyde of silver, in syphilis. He declares these remedies to be of incomparable efficacy, and liable to none of the objections which are ascribed to the use of mercury. The dose of the chlorure of silver is one-twelfth of a grain. The oxyde of silver is employed in fractions, mixed with lard in the proportion of twenty grains to an ounce.

In the House of Commons, Mr. MACAULAY presented petitions from the physicians and surgeons of Antrim, and of Dundee, for Medical Reform.

The Trustees of the Liverpool Northern Hospital speak of building a hospital more adequate to the wants of a rapidly increasing population.

The Eastern Medical Association of Scotland have just held their annual general meeting in Dundee. One of the principal objects of the present meeting, as stated by the chairman, was to petition Parliament to devise some method to increase the respectability and usefulness of the medical profession. We regret our want of space for the valuable remarks which were elicited on the occasion, but must express our strong satisfaction with the feeling of hearty determination manifested by the meeting to put down quackery, and place the profession in its proper position. The Association agreed to hold their next annual meeting at Cupar Fife.

The Barbadoes papers mention that the small-pox is prevailing in that island to a fearful degree, but that it is not attended with that mortality which might be expected.

FOREIGN SOCIETIES.

SOCIÉTÉ ANATOMIQUE DE PARIS.

Softening of the Brain—Paralysis.—M. MAZET presented the brain of a man who died under paralytic symptoms, without mental alienation. The first symptoms arose two years ago. The man for six months suffered pains in the head, and general debility, after which he was able to resume his daily occupation as a baker. Some months later, the pains of the head and debility returned, with difficulty of articulating sounds, and after some alternatives of exacerbation and remission, the man entered the Hospital St. Antoine. The legs were paralysed, the right more than the left. The pupils were dilated, and especially the right; the motion of the tongue was preserved, although the speech was impaired. The pains of the head increased after eating, but the intellect was perfect. The symptoms at length seemed to be in a state of amendment, when an erysipelas, commencing at a seton in the neck, spread over the head, and being accompanied with delirium and fever, proved fatal on the tenth day.—*On dissection,* a softening of the outer surface of the brain was found, which adhered to the meninges, like that which occurs in insane paralytic persons. The surface of the ventricles was also softened.

The arachnoid contained a great quantity of serum. Nothing was found on the left side of the brain to account for the greater paralysis on the right.—As small quantity of sanguinolent serum was found in the pericardium, and a slightly purulent effusion of serum existed in the left pleura.

Permanent Flexion of the Ring-finger from retraction, and thickening of the Palmar-aponeurosis.—In this case, the section of the retracted membrane was made in presence of the Society, with immediate restoration of the extensibility of the finger.

Convulsions—Coma and other cerebral symptoms, without organic change within the Cranium, but disease in the Kidney and Liver.—The patient was conveyed to the Hospital Cochin, in a comatose state, after convulsions and other symptoms not clearly reported. The nervous centres were carefully examined after death, without the least trace of disease being discovered; but the kidneys were very voluminous, and transformed into agglomerated cysts, containing a yellowish brown liquid. The liver presented the same appearance. M. VIGLA reminded the Society, that he had presented a similar case of diseased kidney, wherein fatal cerebral symptoms had existed; that several of the same kind had also been presented by others, and that the relation between cerebral symptoms and disease of the kidney had been particularly pointed out by M. RAYER.

Fever—Epileptiform Convulsions—Delirium—Death.—A patient under treatment for serofulous ulceration, was seized with the above symptoms, which proved mortal on the fifth day.—On dissection, tubercles of the size of a pea, and even of a nut, were found in the left lobe of the cerebellum, the other parts of the cranial contents were sound. Tubercles were found in the substance of the uterus, and between the rectum and vagina. The substance of the metacarpus and metatarsus was also tuberculous, but the most rigid examination could detect nothing in the lungs.

General tuberculous diathesis—Softening of the Brain.—The lungs, the peritoneum, the muscular ganglia, and some other parts were tuberculous, but the parts which excited special notice were, the bladder and the prostate. The former contained several tubercles, and the latter contained others in a softened state, communicating with the urethra by fistulous openings. A serotul fistula led to a substance of the same nature in the epididymis, and tubercles were also found in the vesiculæ seminales.

Perforation of the ilco-cæcal appendix—Obliteration of the Arteries of the right lower extremity.—A female, in a state of convalescence from the operation of cataract, was suddenly seized with violent abdominal pains, chiefly in the iliac fossa, which were soon followed by peritonitis. Acute pains were felt in the right leg and thigh, followed by violaceous spots on the feet, and the patient was rapidly carried off. The morbid appearances were found as above mentioned.

Voluminous cyst in the right lobe of the Cerebellum.—A woman, twenty-three years of age, had experienced intense head-ache, with pains in the face, and occasional formication of the upper limbs. The tongue sometimes lost its taste at the point only, and the sight on the right (being the affected side of the brain) was frequently suspended.—The cyst found in the cerebellum after death contained yellowish serum, with crystals of cholesterine. The substance of the cyst itself was encephaloid.

Dupuytren's operation for the cure of anormal inguinal Anus.—Death from Pneumonia.—This case, consequent on strangulated hernia, was operated by means of the enterotome of Dupuytren, which seized the adjacent membranes of the two portions of the intestine, throughout the whole length of its branches. The instrument was removed on the sixth day, with the portion of intestine included within its branches. The natural course of the fæces was now recovered, but as a portion escaped from time to time from the groin, M. BERARD, the operator, proposed to close the orifice by *autoplastes*, but the patient was carried off by pneumonia, a disease which was at the same time destructive to several other patients.

FOREIGN HOSPITALS.

HOSPITAL NECKER.—M. BRECHETEAU.

Hypertrophy and Aneurism of the Heart—Chronic Pneumonia—Pulmonary Apoplexy—Cretaceous Tubercles and Cicatrix in the Lungs from the Cure of previous Phthisis.—The patient was an out-patient for diseased heart, but no record was made of the symptoms. On dissection, there was found a considerable hypertrophy of the left ventricle of the heart, with ossification of the sigmoid valves and the arch of the aorta, which was greatly dilated. The left lung was healthy, with the exception of some cretaceous tubercles, one of which was encased in a cicatrix exemplifying one of the modes of healing tubercles; it was of the size of a lentil, unequal, angular, with the aspect of plaster. The right lung was the seat of a dry grey hepatization, probably from chronic pneumonia, a morbid appearance rarely met with. The inferior lobe was very slightly affected. In other parts was a sanguineous deposit, constituting the pulmonary apoplexy. The blood was contained within the cellular tissue, perfectly circumscribed, nearly an inch in breadth, and separated from the pulmonary tissue by a white line from the condensed or compressed cellular membrane.—This man had been phthisical, and had been cured. The cicatrix of the tubercles was accurately dissected, and was evident to all who were present at the examination. The apoplectic deposit in the lungs was ascribed to the affection of the heart, in which disease it frequently occurs. The same result will be found in the following example.

Pulmonary Apoplexy, probably occasioned by Hypertrophy of the Heart.—An athletic young man coughed and had difficulty of breathing for a long time. On arrival at the hospital, he had spit blood for two days, which had occasioned great debility. The pulse was small, concentrated, and feeble, and the respiration was hurried with menaced suffocation. At every cough he expectorated mucus tinged with blood, and his countenance was pale and œdematous, as were also the limbs. The mucous rattle was heard in the chest; the speech was extremely impaired. He was bled and blistered, but died on the second day after his admission.

Necropsy.—The lungs were suffused with blood, and as it were *splenisised*. The pleural membrane was covered with red and ecchymosed spots, which could not be washed away. The substance of the lungs, cut in slices, retained its form without contracting; nevertheless it swam in water. Their normal texture had given place to a diffuse and uniform infiltration, in which the blood seemed intimately confounded with organic parenchyma; at the lower part, and on their margins, they were slightly œdematous. The left part of the heart was considerably enlarged, the pillars particularly so. The bronchiæ were healthy.—M. B. for many years past has observed the connexion between pulmonary apoplexy and hypertrophied heart. According to his opinion, gastric hæmorrhages arise from obstruction or compression on the liver or spleen. Hypertrophy of the right side of the heart occasions hæmoptysis, and that of the left apex pulmonary apoplexy.

Cancer of the great Cul-de-sac of the Stomach—Perforation without disease of the Pylorus.—Remarkable pulmonary Cicatrices.—A man, sixty years of age, was admitted into the hospital with evident marks of chronic disease in the abdomen. He was pale and œdematous. He digested with difficulty the lightest food, and vomited frequently. A remarkable resistance was felt in the epigastric region, like that of an irregular piece of wood. The belly was swollen and œdematous. He remained about two months under palliative treatment until death.

Necropsy.—The great *cul-de-sac* of the stomach was the seat of an enormous ulcerated cancer, based upon a schirrous tumour, which was confounded with the substance of the pancreas. A perforation about the size of a lentil existed on the upper part of the stomach, but all the other part was sound. The pyloric orifice was dilated, but without disorganization. The surface of the

ulceration was covered with sanies, exuding from foetid, jagged, and blackish portions. The intestines were agglutinated by false membranes of various periods of formation, and a quantity of lactescent serum was in the abdomen. The lungs at first appearance seemed healthy, nevertheless a few encysted tubercles were found on the summit, and others were infiltrated. The summit of the left lung contained a remarkable white subpleural cicatrix, communicating with a small infiltrated tuberculous mass in the pulmonary tissue; lower down was a cyst filled with tuberculous matter. This patient had been evidently phthisical, and the tubercles had assumed the healing process. Some had been evacuated, and their place was occupied by an organized cicatrix.—Chronic peritonitis had existed, but to this was superadded an acute partial peritonitis, which exuded the lactescent serum into the abdominal cavity. It produced also the perforation in the upper part of the stomach, from which nothing had escaped. The coats of the stomach, at the perforated part, having been destroyed by the cancer, the peritoneum became inflamed and softened, and finally gave way. The wideness of the pyloric orifice, and the consequent facility of passage for the food before digestion had been completed, left but little in the stomach, and thereby diminished the chance of its being forced through the artificial perforation, even had life continued.

Apoplexy—Pulmonary Cicatrices from healed Tubercles.—A woman, fifty-five years of age, was conveyed to the hospital in a dying state from apoplexy.—On opening the body, a sanguineous mass was found in the corpus striatum of the left side. This had evidently been of long standing, and contained a little pulaceous yellowish matter. The summit of the right lung contained several manifest cicatrices, and in the corresponding part of the lung adhering to each cicatrix, were several encysted tubercles, reduced to cretaceous matter. Others were found in a less advanced stage, but none had suppurated.

Tubercles of the Vertebrae, of the Costo-Vertebral Articulations, and of the Spinal Sheath.—A woman of colour, on being admitted, had pains in the chest and limbs. A considerable tumour was perceived beneath the left scapula, and seemingly connected with the vertebra. It was hard, and susceptible of pressure without pain. Soon afterwards the patient complained of numbness, of coldness, and debility in the limbs, which were shortly followed by paraplegia. Four caustic issues were made near the paralyzed parts, but without effect; eschars soon formed on the tuberosities of the ischium, cough and purulent expectoration supervened, and the patient was soon carried off in a state of horrible suffering.—The tumour, on dissection, contained an enormous cyst, filled with yellowish tuberculous matter, and the same diathesis had extended to the articular extremities of the ribs, a portion of the vertebrae, the ligaments and vertebral cartilages corresponding to the tumour. The spinal marrow, compressed by this mass, was nevertheless healthy at the point immediately acted upon, but lower down softened portions of tuberculous vertebrae were found, projecting in several parts of the canal. The lungs contained a few softened tubercles.—*Gazette des Hopitaux.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVAL.—Assistant-Surgeon W. H. Brent has been appointed (acting) to the Donegal.

ARMY.—1st Regiment of Grenadier Guards—Assistant-Surgeon Thomas Graham Balfour, M.D., from the Staff, to be Assistant-Surgeon, vice W. B. Daykin, who retires on half-pay.

CIVIL.—Mr. S. Solly has been elected Surgeon to the General Dispensary, Aldersgate-street.—Dr. Bird has been elected Physician to the Swansea Infirmary.

MEDICAL OBITUARY.

At Burnhead, Larbert, Falkirk, David Smith, Esq., surgeon.—Aged 51, of consumption, Mr. Wigginton, surgeon, Bingham.

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Dr. Ashwell, Sir Benjamin Brodie, Professor Carswell, Mr. Colles, Sir Astley Cooper, Mr. Bransby Cooper, Sir Philip Crampton, Dr. Epps, Dr. Hamilton, Dr. Knox, Sir James M'Grigor, Mr. Jonathan Pereira, Mr. J. T. Pettigrew, Mr. Pilcher, Physicians of Leeds, Staff of the Lancel, Dr. Stokes, Mr. T. Pridgen Teale, Sir Matthew Tierney, Mr. Wakley, M.P., Professor Williams.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

A FIELD-DAY IN GOWER-STREET—MR. LISTON.

"COME to our field-day," said a well-injected specimen of the genus *mediculus*, as we journeyed towards the New Road, "Liston has been keeping a batch of operations against the arrival of some strangers, and at two o'clock to-day he shows off." We thought the opportunity worth taking, and accordingly made our way through the doors of the University College Hospital, and thence to the operating theatre.—The theatre is after the common fashion, and of tolerable dimensions. The students were beginning to congregate as the postponement of the operations, and the whisperings about Liston's vivisections, had had the desired effect of obtaining an audience. There was a capital collection of mediculi, from the *potterer* in his seven-and-sixpenny highlows, the Dublin Dissector under his arm, and a soul absorbed in the cavernous sinus, to the beer-stained and tobacco-smelling patron of the cyder cellars. The number, small at first, quickly increased to about a hundred and fifty, when a beadle, in all the dignity of gold lace, full diet, and fifteen pounds *per annum*, accompanied by active house-surgeons and full-blown dressers, introduced a variety of chairs, and instruments, an operating-table, and appurtenances. Soon after a throng of favoured visitors took up a position within the rails, and Operator Liston, Mr. Richard Quain, late of Aldersgate-street, and Professor Sharpey, the lecturer on Physiology, stalked forward as the first fiddles of the occasion. As many of our readers may be unaware of the existence of the hero of the knife who occupies so conspicuous a position at this hospital,—other than as the author of a so-so volume on Operative Surgery—it may be worth while to bestow a sentence or two by way of description and explanation. Know then, ye uninitiate, that ROBERT LISTON is a morose, heavy-looking, clumsy, unkempt Scotchman, with a temper and manners as bleak, barren, and forbidding, as a Scotch mist in November; that, with tact truly northern, he long since discovered his mental inferiority to the class of men whose researches and writings have illuminated the mysteries of medicine, and gained for their memories an enduring glory for their efforts in behalf of sick and suffering humanity. With a desire to rise in this world, he saw his only chance rested in startling the public. His mind was made up. He felt his inability to effect his object by the depth of his researches into the hidden workings of those laws which regulate the animal economy—he saw that his clumsy efforts to realise the *suaviter in modo* only rendered his natural awkwardness more *outré* and ridiculous, and in a fortunate moment determined to operate his way to fame

and fortune. With a fair knowledge of anatomy, he went to work in earnest, and having obtained the post of Surgeon to an hospital was not long in attracting an audience around the operating-table. With him the knife was the universal panacea—and he prescribed it as invariably as Morison recommended his own pills. Lithotomy was the order of the day, and its less-bloody rival, lithotritry, was soon at a discount. Like the legendary creature who derives its sustenance from the heart's blood of its victim—Liston's element was blood, and he raised himself towards the pinnacle of professional renown upon the mangled trophies of his amputations, and the reeking spoils of the operating theatre. Such then is Mr. Liston, and such he stood before us, with a list of trembling patients waiting to feel the temper of his knife.

MORE MURDER BY QUACKS.—FATAL EFFECTS OF GODFREY'S CORDIAL.—Notwithstanding the frequent warnings of the injurious consequences of giving to children the so-called Godfrey's Cordial, the custom is still persisted in, and another instance has occurred of the consequences, by the death of a child from that deleterious mixture. An inquest was held at the Granby's Head, Wellington, on the body of a child, aged twenty weeks. From the evidence, it appeared that while the father and mother were at church in the afternoon, the child being in pain, the servant girl who had frequently seen the mother give it Godfrey's Cordial, took the bottle, and filling a teaspoon, gave it to it; in the course of two hours, the child was in a stupor, and shortly afterwards was in convulsions; the girl seeing the child in that state, became alarmed, but on being questioned by the mother, denied having given it anything. Mr. Smith, the surgeon, was immediately sent for, and the girl again denied having given it anything; but he being convinced it was suffering from an opiate, administered the usual remedies; the child becoming worse in the morning, the girl admitted having given it some Cordial. Mr. Smith gave it as his opinion that the child died in consequence of the mixture so given. Other evidence proved the girl to be of a good disposition, and very fond of the child. The coroner observed, that as the *intention* of the girl was to relieve the child, and not an intention of doing any hurt, the verdict would necessarily be Homicide by misadventure. After having reproved the girl for the falsehood she had been guilty of, and expressing a hope that it would be a warning to her for the future, the jury, after expressing their regret at the frequent use of Godfrey's Cordial, returned a verdict of *Homicide by Misadventure*.—[Why is not the agent prosecuted who sold the poison?]

NEW MEDICAL COMMISSIONER.—Serjeant Talfourd has announced his intention of moving in Committee on the Poor-law Amendment Bill, the appointment of a medical commissioner. This is a subject which requires attention, and we shall not fail to watch the subject closely.

On Friday, in the House of Commons, the Vaccination Bill was further considered and agreed to.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

OPERATIONS FOR ANEURISM—VARICOSE ANEURISM—WOUNDS OF VEINS—PHLEBITIS.

I SHOULD mention, that bleeding sometimes takes place after an operation for aneurism, when the ligature has separated from the artery, and the cause which produces it is not clearly understood; for several ounces, perhaps half a pint, or even a pint, of arterial blood will be suddenly lost from the wound; but the hæmorrhage being stopped by pressure, it frequently never recurs again.—You are not therefore to suppose, that because hæmorrhage of this kind takes place, it is necessary to proceed immediately to tie the artery higher up. In all such cases we should, in the first place, try the effect of pressure, and in the majority of instances you find that pressure, when thus employed, completely restrains the bleeding, and that this does not recur. A similar occurrence occasionally takes place after amputation, when the ligature separates from the main artery. If, however, the bleeding should be repeated, I know of no remedy except that of tying the artery higher up.—Secondary hæmorrhage may perhaps arise, in some instances, in consequence of the diseased state of the artery where the ligature is applied. We cannot, however, by any means say that the occurrence of aneurism presupposes disease in the artery of the limb where it takes place. That diseased condition in which there is an opaque change, or cartilaginous or osseous deposition forming on the internal coats of an artery, seems to be a kind of change that takes place in elderly persons, in consequence of age; and it is not in the habit of producing aneurism. In many instances of aneurism, we find that the trunk of the femoral artery (supposing, for example, the aneurism is seated in the ham) seems as healthy as any artery can be. Undoubtedly the artery may possibly be in a diseased condition in the part to which we apply the ligature—that is, the texture may be thickened, or there may be some of that opaque deposition on the internal coat; but, at the same time, the existence of such a state of the artery by no means necessarily leads to the occurrence of hæmorrhage. I have many times seen arteries in that state in amputation, where no hæmorrhage has taken place on the separation of the ligature. If, however, hæmorrhage arose from the diseased condition of the coats of the artery, the case would be very unpromising, because the probability is that the same diseased state would exist in the artery higher up.

I have mentioned to you that the aneurismal swelling gradually lessens, and is ultimately removed by absorption, after the operation. In some instances, however, inflammation takes place in the aneurismal sac, and proceeds to suppuration, and the matter either escapes by the abscess bursting, or we evacuate it by an artificial opening; and I have seen this happen sometimes at a considerable distance of time, from the ligature being placed upon the artery. The occurrence of inflammation in the aneurismal sac is attended with a good deal of local uneasiness, and with very considerable constitutional disturbance. The aneurismal sac, in fact, becomes converted into an abscess; and when we open such abscess, we frequently find that there is a quantity of matter mixed with coagula of blood, and in that state we shall usually find that the contents of the sac are extremely foetid. When we thus come to give issue to a large quantity of stinking pus and coagula of blood, we see pretty clearly the reason why the patient has suffered the serious constitutional disturbance which is generally connected with this event. I have seen this take place in several instances, and in none of these has hæmorrhage taken place when the sac was

opened. In all the cases where I have found it necessary to open the sac and evacuate the contents, even if the current in the artery had not been previously obstructed by the deposition of a coagulum, probably the changes that had taken place in the sac would have been sufficient to account for the absence of hæmorrhage. All the cases that I have seen have gone on perfectly well after the sac has been opened and the contents evacuated.

Another mode of operating has been proposed, in certain cases of aneurism, in which the situation of the tumour has been such as not to admit of the proceeding that I have now described. When an aneurism of the femoral or of the axillary artery reaches so close to the trunk of the body that there is not space for the application of the ligature between the tumour and the heart, or when an aneurism of the carotid artery is situated in the same position as regards the upper part of the chest, it has been proposed to place a ligature on the artery beyond the aneurismal tumour. This principle originated with a French surgeon, of the name of Brasdor, who does not seem himself to have reduced it to practice. It was tried by another French surgeon, named Deschamps, but the circumstances under which it was tried, and the mode in which it was done, prevent us from drawing any clear inference from the result of that case. It was reserved, in fact, for Mr. Wardrop to repeat this operation, and bring it to the test of practical experience, which he has done; and he has published a work on the subject, in which he has explained the principle of the operation, and given some interesting details of his experience.—You are aware that the question whether tying the arterial trunk *beyond* the aneurismal tumour be capable of leading to its cure, is entirely one of experience, and can only be solved by an appeal to facts; and in order to determine it, we require, perhaps, a considerable number of facts more than we at present possess. The circumstances in which an aneurism is placed, in reference to this operation, are not always alike; in fact, we may distinguish two cases in which the results of this operation might be very different. In the first place, we might reasonably expect it to succeed if we could place a ligature upon the artery leading from the aneurismal tumour, under circumstances that should entirely prevent the current of blood through the aneurism from going on; we might expect that the same result would ensue as when we cut off the supply of blood by placing a ligature between the tumour and the heart. But there are very few arteries so circumstanced—perhaps the carotid is almost the only one. If an aneurism be situated on the lower part of the carotid artery, and if we have space to tie the common carotid beyond the aneurismal tumour, we know that no branch is given off between the ligature and the aneurism, and consequently that there can be no blood passing through the tumour; we might, therefore, expect that a coagulum would form, and lead to the cure of the aneurism. Mr. Wardrop first tried the operation in a case of that kind, and the success was complete. It appears that he again tried it in a case of carotid aneurism, and that the operation was complete in that case also, so far as the reduction of the aneurismal tumour went, but the patient unfortunately died of hæmorrhage from the upper end of the artery that was tied—from the remote end; a circumstance which, however, does not at all diminish the force of the inference that is to be drawn from the case, so far as it regards the principle of the operation. When, however, we come to aneurism on the trunk of the axillary, or of the femoral artery, the case is different. If we tie the artery beyond the tumour, we shall find, in either of these cases, that there are important branches going off between the tumour and the ligature, by which probably a current of blood will be constantly kept up through the aneurismal tumour. In a case of aneurism of the femoral artery, for instance, we shall hardly be able to tie the trunk of the vessel above the profunda; and if that artery remain between the tumour and the situation in which the ligature is applied, we should expect, from its magnitude, than an active circulation would be kept up in the aneurismal tumour after the operation—which would consequently fail.

In aneurisms of the axillary artery there is a variety of large branches seated near the tumour—so near that we cannot get between them and the aneurism to apply the ligature, and there would be the same circulation of blood through the tumour as if no ligature were applied. The two cases, therefore, seem to me to be very different in point of principle—viz. those in which aneurisms are seated in trunks that give off no branches, and those that are seated on trunks where numerous branches are given off, and where we cannot apply a ligature at the part most remote from the heart, between the tumour and the origin of those branches. Still, as I have already said, the question is one of experience; and until the experiment has been tried, we cannot venture to determine that this operation of applying a ligature on the trunk of an artery beyond the tumour may not be advantageous and effectual, even as regards the femoral and axillary arteries.—That the obliteration of the inferior end of the artery does not necessarily lead to the cure of aneurism, I have had an opportunity of observing; indeed I have mentioned to you an instance in which the inferior extremity of the femoral artery had become obliterated in consequence of the pressure of an aneurismal tumour, and yet the tumour went on increasing. There the natural process of the disease produced the same effect as is proposed to be accomplished by the application of a ligature beyond the tumour; yet the increase of the tumour was not apparently suspended by that event. The impression upon my own mind, I acknowledge, is, that this operation is not generally applicable to the femoral or axillary arteries, although it has succeeded on the carotid.

VARICOSE ANEURISM.

There is a peculiar modification of aneurism, respecting which I have a few words to say,—it is what is called *varicose aneurism*. It is produced by a wound, generally, of the brachial artery in venesection; and the peculiarity arises from this circumstance. The artery is wounded through the vein; the coats of the artery and the coats of the vein become connected and closely adherent to each other; at the same time the wound or aperture remains between them, so that the blood, instead of flowing out into the cellular membrane from the artery, as it does in ordinary circumstances, passes immediately into the vein; and thus the vein becomes in a manner the aneurismal sac, and an enlargement of the vein takes place similar to *varix*;—hence the term *varicose aneurism*. The condition of the part ultimately is that of a tumour that you feel at the bend of the arm, which pulsates, receiving its impulse from the blood of the artery. In order to produce this effect, of course the external wound of the vein must close, as it does ordinarily after venesection.—Now the swelling generally proceeds to about the size of a walnut or a pigeon's egg, and then remains stationary. The blood passes through the continuous veins in their ordinary course; and inasmuch as these veins form an outlet to the distended varicose part of the vessel, its enlargement is limited. No doubt this would enlarge much more considerably, and ultimately proceed to bursting, but that the blood flows from the part in the natural course of the circulation in the veins. In this state the complaint remains stationary,—it does not acquire a great size, and no operation is necessary for it.—The limb perhaps is rather weakened, but in other respects the patient suffers no particular inconvenience. There is a peculiar character belonging to the affection,—a kind of vibration that is communicated to the hand and to the ear, produced by the passage of blood from the arterial trunk through the small opening into the vein. The sensation is almost the same as that communicated to the hand by the vibration of the cord of a musical instrument; and it has been particularly described, by all who have witnessed this affection, to be what is called a *whizzing* noise—a small thrill or vibration. It is not only felt in the swollen part of the vein, but it also extends along the course of the vessel up the arm.—[Mr. Lawrence here exhibited a drawing of varicose aneurism, taken from the arm of a young gentleman in whom the artery had been punctured about five years before the drawing was taken.] The lecturer continued—He was

labouring under very serious pulmonary inflammation, and was bled in consequence of it. Nothing particular was observed at the time; the wound was closed when the requisite quantity of blood was taken, the arm was bound up, and the surgeon who performed the venesection was not aware of anything unusual. It happened in the course of the night that the patient felt the arm very uneasy, and mentioned that circumstance to the surgeon when he called next day, who took off the bandage and examined the part; and then, according to the description of the patient, he saw a swelling that was *beating* faintly in his arm. The surgeon no doubt saw this also, for he applied a compress upon the tumour, and bound it firmly—probably with the idea of putting a stop to the affection. However, the pressure could not be borne by the patient, and it was necessary to loosen it; but even then it was applied as tightly as the feelings of the patient would admit of. That this mode of proceeding did not prevent the occurrence of varicose aneurism was clear, from the present state of the limb. The patient was much reduced, and confined to his bed, so that he was placed under favourable circumstances for effecting a cure of his aneurism. In the course of five months the tumour had acquired the magnitude represented in the drawing, and from that time there was no increase in its size. The tumour was about as large as a pigeon's egg, of a light bluish tint, soft, and when the hand was put upon the artery the tumour disappeared; that is, the blood passed out through the veins. It was quite soft, so that you could press the blood out at any time. No laminated coagula were deposited; and there was, in this instance, that marked degree of vibration which I have already mentioned as characterizing this affection. Besides the oval soft swelling which is here depicted, there was an enlargement of the veins, particularly of the basilic, extending three inches up the arm. It was tortuous, and about the size of the finger. It is clear that the swelling of the vein at the bend of the arm, and the enlargement above, were owing to the injection of blood from the artery, and not to the impediment of the return of the venous blood; because otherwise the vessels would have been enlarged below the situation of the wound, whereas they were enlarged above that situation.—I should observe, that in this case no pulsation can be felt at the wrist of the same arm. The diversion of the main current of blood at the bend of the elbow prevented the pulsation at the wrist; and in conformity with that circumstance the circulation appears enfeebled in the limb generally, so that the limb is livid compared to the other: it is colder and not so strong as the other arm.—I shall have occasion, gentlemen, to show you the mode of exposing and tying those arterial trunks which are most frequently the seat of aneurism, and therefore I shall not at present enter into any further remarks respecting particular aneurisms.

WOUNDS AND INJURIES OF VEINS—PHLEBITIS.

Wounds of veins, like those of arteries, are attended with a flow of blood, or hæmorrhage. Venous hæmorrhage is much less formidable than that which proceeds from arteries; indeed, under hardly any circumstances should we entertain much alarm at the flow of blood that takes place from a vein, for we find, in general, that the natural powers of the constitution seem adequate to resist this process. The flow of blood from a vein ceases if left to itself; coagulum forms in the orifice of the vessel, and the opening becomes closed. If this does not take place, pressure on the opening is sufficient to arrest the bleeding, and that gives occasion to the formation of a coagulum within the vessel, which will permanently stop the hæmorrhage.—Pressure is the method which we should trust to for arresting hæmorrhage, when it takes place from a vein; and we should not, unless we actually cannot avoid it, think of applying a ligature.

Veins very easily become inflamed; and the inflammation of a vein, when once produced, is a very serious occurrence—in many cases terminating fatally. The application of a ligature is one of the exciting causes which, in many cases, has led to the inflammation of a vein, which has had a fatal

termination; unless therefore under circumstances of urgency, in consequence of the magnitude of the vessel divided, or in consequence of the failure of other means in arresting the bleeding, we should not think of applying ligatures in the wounds of veins. We divide a great number of veins, as well as arteries, in the amputation of a limb—the thigh for example, but we do not find it necessary to apply ligatures for that. In fact, for the most part, veins are furnished with valves, which prevent them from bleeding. Not uncommonly, however, we experience from the femoral vein so profuse a hæmorrhage, as to render it necessary to adopt some means for stopping it. The deep-seated veins are not so well furnished with valves as the more superficial; and if the femoral vein bleed freely, it may be well to apply a ligature upon the orifice, without drawing the knot tightly, and thus to stop it during the time that you are tying the other bleeding vessels; and then, if you take off the ligature, you will probably find that the vein will not bleed. But if, after securing the other vessels, we find that a large stream of blood still issues from the femoral vein, we seem to have no other course except that of tying it. I have had occasion many times, in the amputation of the thigh, to tie the femoral vein, and I cannot say that I have seen any unfavourable result from it; yet it ought never to be resorted to, except under circumstances of absolute necessity.—The opening which we make into a vein at the bend of the arm, for the purpose of venesection, is a wound of a vein; and you know very well that simple pressure, and that not considerable, suffices to stop the efflux of blood from it. It is not my intention, and I do not deem it necessary, to enter into a description to you, of the mode in which a vein is to be opened in venesection. I may observe, however, that though it is the first operation that is usually learnt, and though most of you understand, and are capable of performing it, it is perhaps not one of the easiest of surgical operations to perform neatly, effectually, and safely. When I say *neatly*, I speak of opening a vein and receiving the blood that flows from it, without letting it escape over the dress of the patient, or the apartment in which the bleeding takes place; when I speak of doing it *safely*, I mean performing it in such a way as to run no risk of injuring the artery, which it seated near one of the veins in which the bleeding usually takes place; and when I say *effectually*, I speak of closing the wound, and applying such a bandage to the arm, and directing the patient to employ such means as will prevent the occurrence of inflammation; for I must observe to you, that in many cases the simple wound inflicted in phlebotomy has been the exciting cause of fatal inflammation of the vein. This operation, therefore, although regarded as so simple, that one the least initiated in the profession may perform it, yet when you come to consider the consequences to which it sometimes leads, is not to be deemed so very unimportant.

Inflammation of a vein has received the technical name of **PHLEBITIS**. When inflammation occurs in a vein, the patient, in the first instance, is admonished of its existence by uneasiness in the part, and a sensation of stiffness on motion; and these are gradually augmented until the patient perceives considerable pain in the situation of the inflamed vessel. The vein swells, the coats become thickened, the inflammatory action extends to the cellular substance, which becomes the seat of effusion; and thus the vein itself, and the part in which it is seated, undergo a general tumefaction. When the inflamed vein is seated superficially, and when more than one vein are involved in the affection, we shall find a considerable swelling of the part, and the increased action extends to the skin, which then becomes red. The skin is red, tense, and considerably painful; and this change extends downwards along the fore-arm, and upwards along the arm. When these changes take place in the veins, the orifice (in the case of phlebotomy) from which blood has been taken, instead of having united, is found to have separated, or as people commonly call it, *festered*. There is the appearance of matter in the opening of the vein; and after the inflammation has existed some three or four days, we shall find that a thin matter, which is sometimes reddish from an admixture of blood, escapes from

the opening. Sometimes it appears like pretty good pus, but more commonly it is thin, and has a reddish tint; and sometimes it flows in considerable quantity. When the parts are thus swelled, and the skin red, there is, of course, considerable tenderness on pressure, so that when we touch the part it will give the patient pain. In conjunction with these local changes, we find a considerable febrile disturbance of the system taking place. There is an excitement of the pulse, which becomes more full and frequent—sometimes being as much as 130 or 140 in a minute; the tongue is white; there is frequently sickness, nausea, and vomiting, a costive state of the bowels, and thirst. Together with these symptoms there is usually a considerable degree of anxiety and restlessness: the patient cannot sleep at night, but is very uneasy, tossing himself about; and likewise feeling very uncomfortable during the daytime. There is generally an uneasy sensation about the præcordium; and the patient is apt to be low spirited, entertaining gloomy apprehensions respecting the issue of the case. As the disease advances something like delirium comes on; yet, if you speak to the patient, and rouse him, you generally get an answer: you hardly find anything very decided in the shape of delirium. Frequently there is a remarkable degree of irritability about the patient;—a slight noise or a slight impression of any kind, produces a considerable effect on the nervous system. The patient is very fretful, and very easily excited. The skin generally assumes a sallow, and often a yellowish appearance; the features become sharp and contracted. The febrile disturbance does not long assume an active inflammatory character. That part of the disease soon passes over, and a condition more allied to the typhoid state comes on; the tongue becomes dry and brownish; there is great prostration of strength; sordes appear about the mouth; and the general condition of the patient assumes the character which is denominated *typhoid*. In this state we very frequently find symptoms of active inflammatory affection showing themselves in some internal or external part of the body: sometimes inflammation occurs in the chest or abdomen—sometimes in some of the joints of the body. Under the continuance of this general febrile disturbance, and these external or internal inflammations, the patients sink, dying at various periods of time from the first occurrence of the symptoms. A case is mentioned by Mr. Hodgson, in his work on diseases of the arteries and veins, in which inflammation of the femoral vein came on in consequence of a ligature applied upon the saphena, where the patient died on the fourth day. I have seen cases where this affection has terminated fatally, where the fatal event has been protracted to seventeen or twenty days.—When we come to examine these cases after death, we find if the inflammation of the vein be in a very early stage, that the coats of the vessel are thickened, and that its internal lining is red; the cellular membrane surrounding the vein being infiltrated with serum. At a latter period, we find these changes taking place to a more considerable extent so that the cellular membrane of the region in which the affection has taken place, is considerably thickened; partly perhaps by a deposition of lymph, and partly by serous effusion. The coats of the inflamed vessel are considerably thickened and indurated, and the cavity of the vessel is lined by a stratum of lymph, which occasionally adheres to its sides, and, when we cut the veins open, gives it an appearance as if the tube was plugged up with the lymph or coagulated blood. When we examine the surface of this adventitious covering, towards the vein, it seems like an effusion of lymph closely connected to the vessel, but the surface towards the centre of the vessel has somewhat the appearance of coagulated blood; and we have various gradations of these appearances some parts exhibiting the yellow appearance of effused lymph, such as would take place from a serous membrane in a state of inflammation, and the other parts often exhibiting the reddish appearance, more like a coagulum of blood.—[Mr. Lawrence illustrated this by a specimen of the vena cava, which was completely covered by a reddish kind of fur. He also exhibited a volume of the 'Transactions of the Medical and Chirurgical Society,' containing two

or three figures representing the appearances of this affection; one of which was that of an external iliac vein, which was filled up with this deposition; a second figure represented the femoral vein, filled up with coagulum of blood; a third figure was that of the vena cava, exhibiting the affection in a more advanced state, where there was a regular deposition of lymph.]—These changes extend to various distances along the vein, and in the case of inflammation excited by a puncture in venesection, if it should occur in the basilic vein for instance, we should probably find it reaching as far as the termination of the basilic in the axillary vein. If it occur in the cephalic vein, it may reach a few inches higher up, sometimes to the neck, extending to the subclavian vein, as far as the termination of that and its junction with the internal jugular. These changes also extend downward, in the course of the circulation. Those veins that are seated on the fore-arm will become thickened, hardened, and will contain either lymph or pus in their interior, as far as the hand; for I should mention that it may happen that the veins, instead of being plugged up by this deposition of lymph or coagulated blood, are sometimes thickened, or rendered rough and irregular on the inside, and contain pus in a fluid state; so that the inflammation which attacks the venous coats, and particularly affects the internal lining, produces either a deposition of coagulated lymph or the formation of pus.—If we examine them at a later period, when the inflammation has been reduced, we shall find that the lymph is absorbed; that the veins have their cavities obliterated; that they are reduced either into the state of solid, impervious cords, or else, when we cut them open, we find that they are filled by a kind of adventitious membrane, something like the adhesions that form between the contents of the abdomen and the parietes of that cavity. That is the appearance which the veins will assume when the inflammation has gone through its stages and has been cured, or ended naturally.—But then in fatal cases we find various other affections of important parts which lead to the fatal event; for you will easily understand that inflammation of a portion of a vein considered in itself, would not be sufficient to destroy the life of the individual. If it be seated in the basilic or cephalic vein of the arm, and no other parts be affected, you cannot suppose that the patient will lose his life from it; but phlebitis terminates fatally, in consequence of its secondary effects, that is, from effects which the inflammation in a vein produces on other parts of the economy. These other effects consist of inflammation of one or other of the serous membranes, sometimes affecting several of them simultaneously; inflammation of the pleura ending in the deposition of a sero-purulent fluid in the cavity of the thorax; inflammation of the lungs with a deposition into their texture of a kind of imperfect purulent fluid—that kind of deposition in the texture of the lungs which is found to take place frequently after serious external injury, a deposition which we cannot exactly call lymph, and which we cannot correctly call pus, but which appears to be something between them—a sero-purulent deposition: sometimes a similar deposition occurs into the texture of the liver, or some other of the viscera of the abdomen;—inflammation of the pericardium, sometimes of the muscular texture of the heart, with depositions of the nature that I have alluded to; inflammation of some of the joints—of the synovial membranes, with effusion of pus into one or more of their cavities. These are the kinds of changes which occur as the secondary consequence of phlebitis, and which assist in producing the unfavourable termination in those instances which end fatally.

EMPLOYMENT OF THE VAPOUR OF ALCOHOL AGAINST THE INSPIRATION OF CHLORINE.—In large bleaching establishments in the manufacture of chemical products, and in the experiments of the laboratory, it frequently happens that the inspiration of chlorine gas produces very dangerous effects. This danger may be avoided, by breathing the vapour of alcohol, or by swallowing pieces of sugar steeped in spirit of wine.—This remedy had been used for some years with the most beneficial results.

PROVINCIAL MEDICAL AFFAIRS.

CLACKMANNAN.—The members of the Clackmannan and Kinross-shires' Medical Association have sent petitions to both Houses of Parliament, in order to awaken the Legislature to the necessity of adopting measures for the protection of the public health. The following objects are desiderated by the petitioners, viz. an uniform and high standard of legally qualified medical practitioners; a regular system of medical police; and a strict *surveillance* by law over quackery, in order to protect the public health, and guard the rights of the qualified practitioner. Why should the ignorant and unprincipled charlatan be allowed to tamper and traffic with the healths and lives of her Majesty's faithful subjects? Why should the *thimble-rigger*, who tricks you out of a few pence, be regarded as a criminal in the eye of the law, and yet the quack, who injures you both in purse and person, be allowed to ride roughshod over the face of a community? There are hundreds—aye, thousands, of venders of drugs throughout the country, who are utterly ignorant of what they are selling, and who are amenable to no tribunal for the errors they commit. And then we have bone-setters, spleen-rubbers, magnetisers, homœopathists, pill-doctors, water-doctors, consumption-curers, &c. &c. "Their name is Legion, for they are many."

DROGHEDA.—**APOTHECARIES' MONOPOLY.**—The numerous signed petition from the inhabitants of this town to the House of Commons, on the subject of the prosecution commenced by the Apothecaries' Hall, against certain medical gentlemen who hold a degree in medicine, or diploma in surgery, from either a chartered University or Royal College of the empire, and some of whom have been in practice 20 years, contains the signatures of upwards of 3,000 persons, in which are the names of 11 clergymen (of all denominations), 12 magistrates, 55 merchants, and 27 master manufacturers. Well may the respectable gentlemen, in whose behalf their fellow-townsmen thus promptly come forward, feel proud of the estimation in which they are held. Similar petitions have been forwarded from all the principal towns in the North, numerous signed by the magistrates, clergymen, merchants, and other inhabitants, praying, that all regularly qualified physicians and surgeons, who have been in the habit of keeping shops and compounding medicines (many of them for upwards of twenty years), may be permitted to continue their professional avocations as heretofore.

KINROSS.—An epidemic biliary fever, with, in some cases, well-marked subacute inflammation and congestion in the right hypochondrium, has been prevalent here. The first cases appeared almost simultaneously, during very hot weather in the end of April and beginning of May, previous to which the weather had been irregular and cold. The slightest errors in diet, or the erect posture continued for even a short period, were sufficient to induce a relapse. In one well-marked case, in an adult female, an apparent crisis and subsequent relapse took place three several times on the seventeenth day: no fatal case has hitherto occurred.

OXFORD.—On the 24th of June the following gentlemen received the degree of Bachelors of Medicine:—**RICHARD M. COLEY**, of Queen's College; **William Twining**, Baliol College; **Edward Wells**, New College; **Henry B. Leeson**, Trinity College.

STOURBRIDGE.—During the last month the typhus fever has been very prevalent here, and within the last week many cases have proved fatal.

FOUNDLING HOSPITALS AND THEIR EFFECTS.

THE report of the Charity Commissioners on the Foundling Hospital in London (the only institution of the kind, we believe, in the kingdom) affords several facts of considerable interest in evidence of the sufficiency of the grounds upon which only a limited degree of assistance is afforded to charities of this class.

The Foundling Hospital, possessing at present an income of about £15,000 a year, and in which, by the falling in of leases, a very large increase may soon be anticipated, was founded in 1739, by a charter granted on the petition of Thomas Coram, the master of a trading vessel, who had for some years previously exerted himself strenuously to attain this object.—There are some startling facts in the report, which seem to prove beyond a doubt that the most effectual means of augmenting the number of foundlings, is a liberal supply of means for their maintenance in numerous or extensive foundling hospitals. This, it is well known, is the common argument against such establishments; and it is usually illustrated by the fact of the far greater number of foundlings and illegitimate children in Paris than in London. This example, however, is not unexceptionable; for it remains yet to be shown how far the numbers in the former city would be reduced if the indiscriminate reception of children in the charities were to cease, or if certain bounds were put to it. The history of our own Foundling Hospital affords much clearer evidence.—The hospital was opened on the 25th of March, 1741, notice having been previously given to the public that children would be admitted till the house (then situated in Hatton-garden) was full. The children were merely brought to the door, and if, on examination, they were found free from any communicable disease, they were admitted, without any questions whatever being asked respecting them. Under this plan, the numbers asking for admission appear gradually to have increased; and in 1742-3 it was proposed to enlarge the hospital, and obtain funds enough to admit all the children that were brought. At this time it often happened that there were 100 women with children at the door, when only 20 could be admitted, and riots and disturbances often took place. A practice was then introduced of receiving by ballot; and all the women were admitted into the court-room, and drew balls out of a bag.—The plan of indiscriminate admission, however, was not commenced till 1756, when the House of Commons first lent its aid for this purpose to the hospital. It was continued for nearly four years; and the cost which it entailed on the hospital, and which, with some others less important, was defrayed by the House of Commons, amounted to little short of £550,000.—A basket was hung at the gate of the hospital, in which the children were deposited after ringing a bell to give notice to the officers in attendance. On the 2nd of June, 1756, the first day of general reception, 117 children were received; and between that day and the end of that year 1,783 children, and in the following year 3,727 were admitted. The governors directed, in June, 1757, that advertisements should be issued, apprising the public of the privilege to which they had become entitled; and notices to the same effect were put up at the corners of public streets, and places of public resort.—The consequences of this general admission (says the report) were indeed lamentable. Prostitution was greatly encouraged by the unlimited facilities afforded for disposing of the fruits of illicit intercourse. The governors having neglected to provide themselves previously with proper means of rearing so many children during the most critical period of human life, by far the greater number of the

infants admitted died. Of 14,934 children received during the three years and ten months that this system was continued, no less than 10,389 perished in early infancy. Parish officers, in some cases by fraud, in others by force, sent in the legitimate children of pauper parishioners, to relieve their parishes from the cost of maintaining them. Parents also brought their children when in a dying state, for the purpose of having them buried at the expense of the hospital; strangers were employed by parents to convey their children from the country to the hospital in London at so much per head, and many of them, through the wilful brutality or criminal negligence of those to whom they were consigned, never reached their destination alive.—This system was discontinued in 1760, but its short continuance was amply sufficient to show, in the above brief history, all its evils, and all those of the same plan, however modified in details, in other countries. With increased facility there immediately coincides increased licentiousness, and the strange anomaly is exhibited of charity engendering crime.—The harm of such a system is incalculable, for as it effectually removes one of the principal restraints on the production of bastard children—the fear of the burden of maintaining them—it creates a demand for assistance which none but the most enormous funds can possibly meet.

IMPORTANT MEDICO-LEGAL QUESTION.

On the Mode of detecting Soluble Preparations of Copper in the Human Body after Poisoning, and how to distinguish them from Copper existing naturally in the Human Subject.

BY M. ORFILA.

SUCH is the title of a memoir read to the Academy of Medicine on the 16th of June, by M. ORFILA. Previous memoirs had established, that soluble preparations of antimony and arsenic, introduced into the living stomach, rectum, or cellular membrane, in man or the dog, produced the symptoms of poison, in consequence of their being absorbed into the blood. M. ORFILA has there detected them, by acting on the organs, and finally in the urine, where the whole of the poison had not been excreted. A woman who died fifteen hours after having taken five centigrammes (about a grain) of emetic tartar without vomiting, had antimony in the liver and spleen. The time had not arrived for its reaching the urine.—The same result is experienced from soluble salts of copper, but very recent researches prove that *copper naturally exists in the human body*; and unless some means existed by which the normal copper could be distinguished from that taken into the stomach, or absorbed into the blood, the most fatal mistakes might arise in judicial inquiries concerning accusations of poisoning. A second source of error that requires to be obviated, arises from the power of imbibition, which even the dead body possesses. If any manevolent person, after the death of an individual, should introduce poison into his stomach for the purpose of accusing another of having administered the poison during life, how is the effect of imbibition to be distinguished from that of poison?

The copper used for poisoning may be partly extracted from the organs by boiling them in water upwards of an hour, and treating them as hereinafter to be described, but not an atom of normal copper is found by this method. Of all the organic matters, albumen forms the most insoluble compound with the acetate and sulphate of copper; nevertheless *prolonged ebullition*, in a large quantity of water, dissolves a small portion of the

salts in question; it also separates the copper from aliment. As organic matters are an obstacle to the precipitation of copper upon a blade of iron, the animal matters must be destroyed by incineration with nitrate of silver, or azotic acid, after which the smallest trace of metal may be discovered.

For this purpose the blade of iron will be found as efficacious as the prussiate, if we have patience to wait an hour or two for the effect, provided the solution be concentrated. By this means the sixteenth part of a drop of cupreous solution, in a gramme of water, may be discovered.

Proofs of absorption of poison into the blood in case of death.—Either the acetate or the sulphate of copper were administered to several dogs. Some were sacrificed soon after the ingestion of the poisonous salt, and others were suffered to die from its effects. In all of them copper was found in the organs, as the liver, the spleen, the heart, the kidneys, or the lungs, by the long boiling of portions of these organs in distilled water.

Copper discovered in the decoctum of an organ, cannot be the normal copper of the human body.—Vauquelin announced that he had found copper in the human tissues, but having operated in copper vessels, the fact was deemed uncertain. Bouchardot, in 1837, and Devergie, in 1838, confirmed the opinion of Vauquelin.—M. Orfila boiled portions of animal matter, both of man and the dog, for six hours, after which he incinerated the dried extract with nitric acid, and treated the residue with water, without discovering a particle of copper. On the other hand, poisoned dogs submitted to the same experiment, gave evident traces of the metal.—To obtain normal copper the organs themselves must be incinerated, not the extract, by desiccation of the decoctum.

Boiling water does not dissolve the half of the copper supplied to the organs by toxication; but when this first quantity is separated, the remainder, by incineration of the organs, may be obtained in larger quantities than could exist in the normal state.—If the investigation is made on the aliment, or excrement in the digestive tube, or the liquids vomited, instead of the organs, these matters must be boiled for upwards of an hour in distilled water; the filtered liquor, evaporated to dryness, must be decomposed by pure azotic acid, or incinerated by azotate of potash (nitric), exempt from copper. The presence of the metal in the decomposed product would warrant an affirmation that a cupreous preparation had been administered as poison or medicine, unless that substance had been injected into the stomach after death. Although the salts of copper, intimately combined with organic matters, are little soluble in boiling water, yet the decoctum contains enough for its detection by a blade of iron.—But if, after the decoction of the aliment or excrementitious matter, the metal should be found, it would be a great error to treat the residual aliment or excrement by strong acids or incineration, in order to detect the suspected poison, because if the copper were found, it might have been naturally contained in the aliment, whether vegetable or animal, and the normal copper may be detected by incineration of the organic matter which contained it, or by the decomposing power of azotic acid, although it is not soluble by boiling in water.

The next object of inquiry should be as to the possible presence of the poison in the substance of the digestive tube itself, the liver, the spleen, the kidneys. The poison, if any, would be first absorbed by the coats of the digestive canal, these by the liver or spleen, subsequently by the more remote organs, and finally

by the kidneys, from which it would be excreted by the urine.

On imbibition of poisonous substances after death.—It is quite within the sphere of possibility that a bad man, in order to raise an unfounded accusation of poisoning against an individual, may inject poison into the stomach of a deceased man, which, by imbibition, may find its way into the organs, as if administered during life. Magendie and Fodera have made known several facts to illustrate the power of imbibition possessed by the human body, both before and after death, although in the latter the effect is less rapid. If the stomach be injected through the œsophagus, by persulphate of iron, and some time afterwards the external surface of that viscus be touched with prussiate of potash in solution, the change of colour will show that the iron has penetrated the tissues. M. Orfila injected the stomach with 38 grammes of sulphate of copper in 120 grammes of water, and on the body being opened eight days afterwards, the stomach was blue, and those parts of the adjoining viscera in contact with it were also partially tinted.—The salt had traversed the liver, and even the base of the right lung had assumed a greenish blue colour. All the points whose colour was changed by the copper solution yielded the metal in great quantity by the decoction, but those portions which were not coloured gave no trace of metal on being treated in the same manner.

The skin an obstacle to imbibition of poison from without.—This is important to be ascertained, because arsenic is supposed to be imbibed by the burial of a body in certain earths. To determine this question a hand and forearm, covered with their skin, were immersed for ten days in a concentrated solution of sulphate of copper, but they presented no trace of the metal on the inner surface of the skin, even when the epidermis had been removed. The interior of the skin, however, contained the metal. This experiment shows that the skin presents a great obstacle to imbibition; so that if a body were buried in ground rich in copper salts a long time, a great abundance of salt would be required to penetrate into the interior of the organs from without.

In what parts of the body is the poison to be sought after death? Not in the contents of the stomach, for the poison may have already passed into the circulation. A medico-legal inquiry, therefore, can never be complete unless the suspected matter has been sought in the organs, or finally in the urine, when a sufficient time has elapsed for the matter to be excreted from the kidneys.—Cases may arise where part only of the poison has been absorbed during life and the remainder, having been left in the digestive tube, will penetrate after death by imbibition. This fact is clearly ascertained by the experiments of Fodera, Collard de Martigny, Magendie, Müller, and others, in all cases of poison, either soluble or actually in solution.

How to determine whether the poison was absorbed during life, or imbibed after death.—Circumstances may arise in which this point would be difficult to determine, unless judicial evidence could be brought to assist the expert.—Such, for instance, would be the fact, that the poison could not, by any possibility, have been introduced into the stomach after death. This evidence would be required in cases where after long inhumation the intestines were putrid and broken up. But, in many cases, the discovery is less difficult. A knowledge of the symptoms which precede death, coupled with the morbid appearances of the stomach, would assist materially in the investigation. Poison from imbibition would

be less likely to be found in parts remote from the stomach, than in the substance of that organ.—But the annals of justice have as yet produced no instance in which poison was introduced into the stomach for the purpose of raising false accusation, the previous remarks are therefore to be considered as referring to an event which, though possible, is not probable.—In the investigations of poison from absorption, the best plan is to commence with the organs farthest removed from the stomach, bearing in mind that the last place to which the metallic substance travels, previous to its excretion by the urine, is the kidney.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.
Lat. 51° 37' 44" North, Long. 34° 45" West.)

WEATHER.	WIND.	RAIN.		BAROMETER.		THERMOMETER.		JUNE.
		Ins.	Decls.	Highest.	Lowest.	Highest.	Lowest.	
Cloudy, rainy-night.	S.W.	.32		29.900	30.030	52	79	21
Cloudy.	W.			29.690	29.750	47	69	22
Cloudy, distant thunder.	W.	.02		29.592	29.650	45	70	23
Cloudy.	N.W.			29.732	29.844	42	68	24
Cloudy and Squally.	N.W.	.03		29.914	29.45	47	60	25
Cloudy—with mist.	N.W.			30.010	30.108	41	63	26
Do.	N.W.	.01		30.062	30.100	55	74	27
Do.	N.W.	.28		29.847	29.927	47	70	Mean

W. JACKSON.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 20th June, 1840:—

Epidemic, endemic, and contagious diseases	133
Diseases of the brain, nerves, and senses	139
Diseases of the lungs, and other organs of respiration	231
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	60
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c. .	10
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	1
Diseases of uncertain seat	95
Old age, or natural decay	54
Violent deaths	21
Causes not specified	2

Deaths from all causes..... 771

In the House of Commons on Tuesday, Mr. Wakley presented a petition from Bristol, praying for Medical Reform.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Practical Remarks on the Causes, Nature, and Treatment of Deformities of the Spine, Chest, and Limbs, Muscular Weakness, Weak Joints, Muscular Contractions, and Stiff Joints, &c., &c. By J. Amesbury, M.R.C.S., &c., &c. Quarto, pp. 192. With many illustrative Plates. Longman.

Researches on the Development, Structure, and Diseases of the Teeth. With many Plates. By A. Nasmyth, M.R.C.S., &c. Churchill.

Piles, Hemorrhoidal Fluxes, Prolapsus, Fistula: Practical Observations thereon; with coloured Drawings. By A. Paul, A.B., M.B., &c. Second Edition. Churchill.

The Chemist. Edited by C. Watt, Esq., Lecturer on Chemistry, and J. Watt. [In exchange.]

R. A.—The proposed paper, together with any local medical intelligence, will be welcome.

MR. PRITCHARD.—We do not recollect any paper on the subject. Will he oblige us with one?

PARIS.—Received thirty francs.

DELTA.—Thanks as to America. The space shall be allotted to French books.

MR. FERGUSSON AND KING'S COLLEGE.—A. B. writes:—"I believe you are wrong in supposing that Syne had anything to do with getting rid of Fergusson. He came up here last summer to hawk himself, and begged the King's College folks to let him know when they established an hospital. There was then no idea of Arnott's resignation, and Fergusson was ready to come up as Surgeon without the Chair, sensible, as I conceive, that he would damage himself by lecturing. The King's College authorities required, by advertisement, every candidate as a sine qua non to be a member of the United Church of England and Ireland—they knew Fergusson was not so; they ask the Bishop of London what was to be done, his answer was, 'Say nothing about it.' Now is it decent to prevent many conscientious dissenters from offering, and afterwards to choose a dissenter? It is a job of Partridge's."

THE DOCTOR DICKSON CHRONO-THEMRAL QUACKERY.—Yes. We took the trouble to listen to this Chrono-Themral humbug, on Tuesday last, and our opinion of the doctrine is, that it is equally ridiculous and unfounded. He refers all actions, diseased or healthy, to repulsion and attraction, and modestly declares "that all physicians, for ten centuries, have only been splitting straws, blowing bubbles, and giving gravity to feathers." Now we shall see what Dr. Dickson will do!

Z.—His communication shall be added to our Thomsonian budget. The efficaciousness of a warm-bath in a state of collapse, is a discovery worthy of the individual's genius.

MR. HALE THOMSON'S CLINICAL LECTURES.—That gentleman does not at present deign to illuminate the minds of the Westminster pupils, but when he does, we will immortalize them in our pages, and that too without the revision and emendations by which the *Lancet* reporter doubtless deemed them improved; but we, who are fond of occasionally exercising our risible muscles, considered them completely spoilt.

In the article of Foreign Journals from the *Bulletin Therapeutique*, entitled, 'New Remedy for Gout,' the dose of the powder of colchicum is erroneously stated to be two grains instead of ten.

MR. INGLIS, wishing an opinion on certain brown bread and biscuits, we referred the weighty case to our gastric organ, submitting to it the specimens sent for review (!!) by that well-known and excellent baker. The analysis being completed, and the internal evidence satisfactory—we commend them to all eaters of biscuits, and swallowers of the staff of life. Brown bread makes a good change in diet, and in many subjects acts on the mucous membrane as fully and beneficially as the *Haust. nigra* would—clearing the canal without offending the palate.

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THE MEDICAL TIMES.

FATE OF THE LAST PROMISE.

"HOUSE OF COMMONS, Wednesday July 1.—Their being only 35 members present at four o'clock, the House adjourned till to-morrow."

By thus counting out the House, Mr. WARBURTON gained two darling points,—and by one stroke again defeated Serjeant Talfourd's Copyright Bill—and again postponed Medical Reform.

How long will the profession allow themselves to be hoodwinked to the truth?—how much longer will they rest content with a man who thus befools and betrays them?

BYGONE STRUGGLES FOR MEDICAL REFORM.

THE examples which have gone before us are numerous. It cannot be supposed that in the former and present despicable state of the medical institutions, and the want of sound medical legislation in this country, from the time of the formation of the Royal College of Physicians of London to the present day, the cause of Medical Reform has been let to sleep. Appeal after appeal has appeared relative to the abuses and bad polity of the profession.

The 16th century produced 'Empiricus sive Indoctus, 1565;' 'An Hystorical Expostulation against all the BEASTLY ABUSES both of CHYRURGERIE and PHYSIC, in our time, 1568.'

The 17th produced 'The Errors of People in Matters of Physic, 1651;' 'Some Kindling Sparkes in Matters of Physic, 1669.'

The 18th century brought forth "The Roguery of Medicine, 1742;" 'State of Medicine, 1767;' 'Free Thoughts on Quacks and their Medicines, 1788;' 'An Inquiry into the State of Medicine, 1781;' 'An Essay on the Principles and Manners of the Medical Profession, 1783;' 'The Hand-bill of a Quack Doctor, 1794;' 'Letters on Medical Reform;' 'On the Character of Physicians;' 'The Machiavel of Medicine;' &c., &c.

The 19th century has produced the following:—"On the prevailing Discontents and Abuses in Medicine, 1808;" 'Strictures on

the Present State of Medical Practice, 1808;' 'Letters on the Study of Medicine and Medical Character, 1809;' 'Observations on the Present State of the Profession and Trade of Medicine, 1810;' 'Inquiry into the Present State of the Medical Profession in Great Britain, 1814;' Dr. Harrison's publication of 'The Correspondence of the Lincolnshire and London Medical Reform Societies in 1808;' Dr. Beddoes' excellent 'Letter to Sir Joseph Banks, in 1808.' Beddoes was a Reformer, and driven by collegiate bigotry out of the Professorship of Chemistry at Oxford, on account of his liberal opinions. He was in conference with the French about their system of reform in 1787, when they abolished the old medical colleges and corporations; and afterwards, at M. Lavoisier's, of Paris. When they had formed their establishments anew, he wrote to Dr. Berger, of Geneva, to have a complete understanding upon it. Other continental universities were also newly revised about the same time. Ours alone stood still, for "a vitious uniformity," as Beddoes observes, "is the vice of all old universities." Beddoes entered into a correspondence with medical men throughout the West of England, to procure statements of abuses, and urge on reform; but he was ridiculed by reviewers, either participators or partisans in those abuses. This pamphlet shows his usual strength of mind and steadiness of purpose as a reformer; but having graduated at Oxford, and connected himself with the medico-theological system of those schools, he reprobated not the general system, but particular schools, as Edinburgh. This sectional and narrow view, tainted with the prejudices of a caste and clique in the profession, and not embracing liberal and comprehensive ideas, suited to the common justice of men's ideas in general, destroyed its efficacy. But had Beddoes not been deprived of the residue of his days, he would have worked to some good purpose, at least in Medical Reform. We have afterwards the anecdotal works of the late facetious Mr. Wadd, especially 'Anecdotes of the Medici Family, by Unus Quorum, 1827;' and various works, which furnish materials for judging of the state of the profession. Then came Sir Arthur Faulkner's able and severe strictures in 1827, in his 'Rambling Notes and Reflections.'

At the beginning of the 18th century, Bernard undertook the chastisement of unprincipled practisers, in 'A Letter to Sir John Floyer, 1705.' He was physician to Queen Anne. Venner, a physician at Bath, wrote the 'Vita Brevis, Vita Longa, 17**;' and, like Bernard, was "a powerful comber of the Quacks, and all such cattle." They undertook the chastisement of unprincipled practisers. The old Reformers displayed a singleness of purpose, and an active determination founded on good sense, which appears to be lost to many of their posterity. The successive volumes of the 'Gentleman's Magazine,' which commenced between the years 1720 and 1730, contain distinct attacks of a personal nature on Quacks, investigation of their private history, conduct, and practice, which few Englishmen in these times would dare to publish for fear of the libel trap. The press, in fact, was the arena of the 'Bella Medicorum.' It may be information to those anti-reformers, who apply the terms "illiberal," "scurrilous," and "radical," to forcible language in medical politics, that the liberty of the press was then and there evinced in this country to an extent that is now unknown, and statements were then made which would be condemned, and most probably punished, in the present state of English publishing law, as decided and flagrant libels.

For almost all that has been said of late years on the bad polity and abuses of the profession, the public has been indebted exclusively to the boldness and intelligence of the London press, its journals, and newspapers. The old medical journals have concerned themselves little with medical politics; they have overlooked the rottenness of the profession and its institutions, or never made their abuses the subject of effective and useful animadversion. They have, on the contrary, often abandoned themselves to the gilding of rotten posts, or battering of stone walls with feeble skulls to perplex the right, and defend the wrong. But the appearance of one medical journal, the 'Lancet,' in 18—, which took up medical politics fearlessly, wrought several small reforms, and gave a new feature to the torpid spirit of the profession. Its circulation and influence indicated the temper of the times, and the growing sense which is entertained of the condition of our medical institutions, and the profession generally. But "the light of other days has faded—the 'Lancet's' day hath past."

The labours of Mr. Warburton and the Medical Committee have flagged and halted on the way, but associations have been formed and will multiply, and we cannot but believe that "we are on the eve of a great change; everything around us appears to be wearing out."

In France, previously to the abolition of the old and corrupt medical corporations and university schools, in 1793 and 1803, the 'Memoirs' of the Academy abounded with attacks on the abuses of the profession in that country,—abuses owing to its institutions. Under the old *régime* they were the same as those which now govern the profession in Great Britain. The 'Ouvrage de Penelope ou Machiavel en Médecine, par Alettius Demetrius, tom. 3, Berlin, 1748,' constitutes a series of personal sketches of the profession in France before the Revolution, which are superior in erudition, delineation, and wit, as well as knowledge of the world, to most which have since appeared.

It has been customary for the gilders of rotten posts to attack Reformers with the charge of being "disappointed men," or alleging that they had commenced to be such from "want of employment." A more signal proof of the general falsehood of the assertion cannot be than the eminence of those men who have been Reformers for the last three centuries. It has been the cause of the greatest living characters of the age. In the Soho Reform Society, of 1806, the most active and prominent physicians took a part—for example, Sir John Hayes, Sir Walter Farquhar, Doctors Blackburn, Clutterbuck, Harrison, Garthshore, George Pearson, Stanger, Willan, &c., &c. But the fact that our medical institutions, such as they are, afford security neither to members of the profession nor the public at large, furnishes a much stronger ground for the expediency of exciting public attention, repeatedly and eternally, to the abuses of the profession, than the most potent authority or respectable example. Except the independent press, there is no protection against these abuses. The laws lay medicine open like a common, and gives the right of waste to all, without reserve.

The vices of the "powers that be" consist principally in a politic and rooted hatred of all reforms and improvements which militate against their *exclusive* interests, and institutions with which they themselves are connected; and, in a second degree, in a vulgar spirit of nationality, in which men are resolved, right or wrong, to view everything in their own country as best, be what it may, and concur their malediction and blast on all those

whose minds are not as warped, as circumscribed, and as selfish, as their own.

The medical bibliography of former centuries, therefore, proves that Medical Reform is *no new cause*. We wish our time allowed the collection of a longer list of the old Reformers of the olden times. Perhaps some of our correspondents in London, and having leisure, will contribute additions. Some of the old writers are very powerful on medical polity; a very concise note of the particular brunt or direction of their most striking sayings, in their straightforward, homespun, vigorous Saxon, would be interesting.

SHOULD CRIMINAL LUNATICS BE CONFINED IN ORDINARY ASYLUMS?

FROM the Report of the Belfast Lunatic Asylum we extract the following remarks upon this question:—"The inconveniences arising from the practice of consigning criminal lunatics to ordinary asylums, it must again be reiterated, are manifold; and the effect produced on the general character of the Asylums, by thus converting them into prison-houses, for life, for felons, is most pernicious. Now, what is the fact connected with one of the male criminals admitted this year—the one charged with the felony of horse-stealing? Simply this, which was elicited from himself, shortly after his transmission to the Asylum—that he pretended insanity whilst in gaol, for some time before his trial came on (which he did principally by refusing to speak, except now and again by an incoherent sentence or two, as well as by becoming disgustingly filthy in all his personal habits), and this with so much tact and cleverness, as to deceive the medical authorities of the prison; but not so the civil functionaries thereof, who had very strong suspicions on the subject. Shortly after his former trial before the Judge of Assize, he recovered the full use of his speech, and all his other unnatural and irregular habits disappeared, in well managed order. This man's idea was, that no sooner did his feigned insanity become removed, than he would be liberated from incarceration, and thus have escaped transportation, which he greatly dreaded the infliction of. He is still in the Asylum, as is also the person who attempted the life of his wife; who, in common with the horse-stealer, has never manifested any symptoms of insanity. From the strong and repeated representations made to the Executive, and recently in particular, by the Governor of this Asylum, as well as those of the majority of the other district institutions, who equally feel this grievance, it had been hoped, that before this some effective steps would have been taken by government, to correct this increasing evil. It is not denied, but that, in many instances, outrageous and fatal acts have been committed by persons who were at the time of unsound mind, and thus were free from all accountability; nor is it once imagined that such should not be placed in close and secure custody; but the point controverted is the propriety of confining such within the walls of institutions which were, in the first instance, erected (as the preamble of the Act states), for 'the distressed lunatic poor,' and never planned or laid out, in their internal arrangement, for that due restraint and secure custody, which is generally so absolutely requisite to have at command, for criminals of this stamp, and who certainly should not be brought into contact with those who have committed no legal offence, but who, through the visitation of God, have nevertheless, to be temporarily removed from their families, and placed in a retreat (or at least, what ought to be so) calculated to soothe the 'mind diseased,' and thus to be a means, under Providence, of once more lacing

reason on its throne; but by associations far different from those which must necessarily be produced in the mind of the convalescent patient, when he finds that his retreat is one not only set apart for himself, but likewise for the murderer, the robber, and the common assaulter; thus making him feel, during the dawning of a returning state of mental health, that his dispensation has, indeed, been a heavy one, which, through no fault of his own, has made him the companion of some of the criminally debased and degraded of his species.—Too often it is said by the poor unhappy patient, 'what evil have I been guilty of, that thus my friends should have injured my hitherto unsullied character, so far as open crime was in question, by having me incarcerated with criminals?' This is no mere imagination, but often does the guiltless convalescent so express himself; and thus is a species of excitement kept up, which is but ill adapted to favour the removal of an already morbidly excited state of the mind. Again, the immediate relatives of an insane person may, perhaps, through a strong feeling of the disgrace that will be attachable to them, by having a member of their family an inmate of an institution in common with criminals, shrink from taking the necessary timely steps to place their afflicted friend under proper treatment, until compelled to do so by the uncontrollable violence of a dreadful malady, which by long-continued mismanagement at home, has greatly lessened the chances of a recovery being now effected; for it cannot be too often repeated, or too widely made known, that any unnecessary delay in the removal of a case of insanity to an Asylum, is fraught with consequences of the most prejudicial nature to the ultimate recovery of the patient. Now, the remedy proposed for all these actual evils—one which has been pressed in the proper quarter—is, that there should be established a Central Criminal Lunatic Asylum for all Ireland, where those who had been acquitted of any offence on the ground of insanity, should be placed; or otherwise, that in the respective County Gaols a portion in each should be set apart for such characters, and thus leave the District Asylums solely for the distressed lunatic poor who are unstained with any legal offence whatever. It has over and over again been stated, that the District Asylums are altogether insufficient for the safe keeping of criminals—a fact which has been proved by the ease with which they have escaped therefrom, notwithstanding that every vigilance and every precaution had been used to prevent such an occurrence; and, in nine cases out of every ten, of characters of this description, it almost invariably happens that they are found, on transmission to those institutions, to be apparently free from insanity, and, consequently, the more dangerous inmates to have the charge of, in every sense of the word. It should also be held in view, that an expense is thus imposed on the district, during the life of those lunatics, guilty of capital or other serious offences, which, had they not been acquitted thereof, on the plea of insanity, would have been chargeable to the government. Considering, therefore, the known and long experienced evils of the existing law, with reference to such persons, it is earnestly to be hoped that something may, ere long, be done to amend it; and that the respective Boards of Governors of the District Asylums, who have already so ably and laudably exerted themselves in this most important matter, will not cease to do so, till a total removal of the grievance has been the issue. And here it may be observed, that, even as the law at present stands, it does not appear to be out of the Lord Lieutenant's power to re-convey to prison, or otherwise to dispose of, the criminals transmitted to the Asylum by his authority."

FOREIGN JOURNALS.

[From our Paris Correspondent.]

*Journal de Chimie Medicale.**Journal de Pharmacie.**L'Echo du Monde Savant.**Revue Scientifique et Industrielle.**Annali Universali di Medicina.**Bulletin de la Société Anatomique.**Bulletin Chirurgical de Laugier.**Bulletin Therapeutique.**Gazette Medicale.**Gazette des Hopitaux.**Gazette des Medecins Practiciens.**L'Esculape.**Archives de la Medicine Belge.**Medicinische Annalen.**Monatschrift für Medicin.**Hufeland's Journal.**Müller's Archives.**Medicinisches Correspondanz-Blatt.**Medecenische Zeitung.*

Experiments to show the sympathy which exists between the Brain and Testicles.—Müller's Archives report the following. A cat was killed by a wound in the heart. The upper part of the skull was instantly removed, and the testicles were laid bare. On scratching the brain with the point of a knife the testicle of the opposite side became erected at right angles with the spermatic cord, and this phenomenon was frequently witnessed. On changing sides the other testicle became affected. The same excitation on the deep-seated parts of the brain produced no effect.

Maniacal pernicious Fever speedily cured by large doses of Sulphate of Quinine.—This case is recorded in the *Annali Universali*, for the purpose of showing that maniacal symptoms, accompanying the paroxysm of an intermittent, ought not to delay the administration of the grand specific.—The patient awoke in the morning with shiverings and mania, his hair stood on end, his eyes were haggard, and his countenance was menacing. He repeatedly vociferated *Santa Maria, Mater Dei!* and attacked his wife and other persons who came to his relief. Much force was required to keep him in bed; and when his physician, Dr. Bonnette, arrived, he was huddled under the bed-clothes, from which he thrust out his head, most lustily vociferating his *Santa Maria, Mater Dei!* He was bled, and an emetic was administered.—The paroxysm went off in the usual way of intermittent fever, by perspiration. Twenty-four grains of sulphate of quinine were then administered, between eight in the evening and two next morning. At five the shivering again returned, and was followed by coma, both of which together only lasted an hour. Eighteen grains more of sulphate of quinine put an end to the disease.

Spontaneous Rupture of the Spleen—Death.—The *Medicinische Zeitung* records the case of a young woman who had laboured under diarrhoea for the space of five days, which resisted opium and preparations of lead, when she suddenly experienced such acute pain in the abdomen, that she was obliged to take to her bed, and syncope with cold sweats in a few hours ushered in the final scene. After death the abdominal cavities were filled with an enormous quantity of blood, which proceeded from a rupture of the spleen, a third of an inch in length. The size of the spleen was natural, but its texture was softened, and its colour livid.

The *Bulletin Therapeutique* contains the following: *On the Efficacy of Tobacco in various Diseases; Hæmoptysis—Dropsy—Pneumonia—Strangulated Hernia*; by M. Szerlacki. *Hæmoptysis*.—As tobacco acts powerfully on the heart, and increases the flow

of urine, these properties have been successfully applied to the treatment of hæmorrhages and dropsies. Other practitioners have also witnessed the good effect of the treatment in hæmoptysis, after bleedings and other remedies had failed.—*Dropsy*. In the seventeenth century Fowler recommended an infusion of tobacco (3j ad 0j) as a panacea in this disease, which wise men will understand to be a proof that it must have been useful, at least in some cases, and perhaps in many. Two ounces of alcohol were added to four of infusion, and from forty drops upwards were administered, the dose being gradually increased. He relates twenty-two different cases of dropsy cured by this treatment. Professor Fouquier, of La Charité, has also employed it with great success.—*Pneumonia*, according to another English author, Robert Page, was cured by tobacco, when the disease was on the increase, notwithstanding the antiphlogistic treatment.—*Strangulated Hernia* is so frequently relieved by glysters of tobacco in England, that it is almost superfluous to record the fact. The author examines the action of tobacco in ileus, ischuria, tetanus, and palsy.

Efficacy of Ammonia in removing Intoxication.—Dr. Gervais publishes four cases of profound intoxication, where the beneficial effects of ammonia were incontestible. Dupuytren used to recommend this alkaline salt for the same purpose.

On the Efficacy of Strichnine and Nux Vomica in Paralysis.—Although this therapeutic fact is not new, it is sufficiently important to meet the public eye. M. Andral gives strichnine in palsy, where its cause does not reside in inflammation of the nervous centres. In the painters' colic and paralysis I have repeatedly witnessed its beneficial effects. A useful mode of administering strichnine is by sprinkling it (or the nux vomica) on a blistered surface, which may be instantaneously produced by the ammoniacal pomade. In gutta serena the blister is to be applied to the forehead. In paralysis from sciatica, the sacrum should be attacked.

Chlorotic Palpitations and Œdema cured by Lactate of Iron.—A girl, eighteen years of age, was admitted into the ward of Professor Fouquier at La Charité; she had palpitations after walking up stairs, with painful weakness and œdema of the legs. Her face was swollen and pale; she had headache, and the stethoscope detected a bellows' sound in the carotids, as is common in chlorosis. She had been ill three years. In twelve days she was completely cured by lactate of iron—doses from six to fifteen pastilles. A second case of chlorosis was cured by Professor Bouillaud. The symptoms were headache, pains in the stomach, and palpitations; the patient was put out of breath on exertion. The bellows' sound was heard in the carotids and the heart—dose four to ten pastilles daily; cured in sixteen days, although she had been seriously ill for two months, and ailing for several years.—The menstruation in both cases had been defective. The dose, calculated in grains, varied from fourteen to fifteen.

Severe Scrofulous Ophthalmia and Ulcerations of the Chest cured by Cod-liver Oil.—This remedy, which has been employed with success in rickets and carious bones, has been found equally successful in scrofulous ophthalmia. The patient, a girl sixteen years of age, of marked scrofulous aspect, had ulcerated pustules on the edges of the eyelids. The iris protruded through an erosion of the transparent cornea of the right eye, which was completely blind. The conjunctiva was inflamed, and the intolerance of light was intense.—The vision was not entirely lost on the left side, but

here also the iris protruded through an ulceration of the lower part of the cornea, and the patient was obliged to turn the eyeball downwards in order to see. Two large scrofulous ulcerations existed on the left side of the chest. A tea-spoonful of cod-liver oil, gradually increased to a table-spoonful, was taken morning and night for one month, without apparent amelioration, and the patient left the hospital where she was treated, but two months afterwards she was perfectly cured without any other remedy. The left eye entirely recovered its sight, and the ulcerations of the chest were completely cicatrized.

Syrup of Tar in Pulmonary Complaints.—Tar-water fatigues the patient. On the other hand the concentrated syrup is supported by the stomach without difficulty. Four parts of tar, mixed with one of boiling water, are infused together for twenty-four hours in a water bath, at a temperature of sixty degrees centigrade, which being only six-tenths of the boiling point, does not volatilize the essential oil. To the filtered liquor add twice its weight of sugar, without additional heat.—Among the cases in which this was administered with success, was the following:—A young lady, after a night's dancing, was attacked with pain in the throat, shiverings, cough, and fever. After these symptoms had continued two months, the voice became hoarse, the patient had a continual pricking sensation in the throat, with cough and expectoration, at first mucus, and at length purulent. The larynx appeared tumefied, and was painful. Slight ulcerations were perceived in the fauces, extending towards the larynx. Expectoratives, sedative frictions, and emulsions of all sorts, were tried in vain for another two months, when diarrhoea, night sweats, and complete suppression of the voice occurred. The syrup of tar was administered, beginning with a teaspoonful four times a day. The dose was then increased to a table-spoonful, and the disease was completely cured.

Effect of Digitalis on the Contractions of the Uterus—Its efficacy in Uterine pains.—Digitalis has an influence in diminishing the contractions of the heart, hence it has been employed to abate uterine pains from muscular contraction, either in parturition or otherwise. An infusion of digitalis taken every morning, relieves the uterine pains which harass patients during gestation, and pains referred to the kidneys during parturition, have been frequently calmed by the same remedy.

Hydrorachis from Spina Bifida—Hazardous treatment, yet successful in two cases out of three in which it was tried.—The *Bulletin Chirurgical*, which reports these cases, discusses the propriety of the treatment, and very properly condemns it as a method which in many cases would be promptly fatal. The author, M. DUBOURG, seizes the tumour with the left hand, and with a straight-pointed bistoury traverses a part of the pedicle, keeping close upon the vertebral column. "At this first period of the operation," he says "we must be careful to avoid a central cord of the pedicle, which is commonly to be felt, and is formed of the envelopes of the spinal marrow." The next incision cuts through the remainder of the pedicle, leaving but little skin, and gives vent to the spinal liquid. The finger is to be applied to the opening, to prevent the ingress of air to the spinal sheath; the lips of the wound are to be brought rapidly in contact, and there retained by twisted suture. The cases operated on were children within a fortnight after birth. One child was nearly lost in consequence of the introduction of air into the canal, as was supposed, and a second rapidly sunk under it.—These cases being *pediculated* were probably the only species

that would bear such an operation.—What would be the result, if the nerves of the spine were carried outwards by the fluid distending the pouch? Ollivier d'Angers give the particulars of this displacement of the Rachidian nerves.

Supposed Cancer of the Eye cured by excision of the centre of the Cornea, so as to give issue to the Humours.—A girl, thirteen years of age, was affected with strumous keratite, followed by a phlebectasic state of the ciliary veins. The cornea was surrounded with a thick, venous, knotted, dark-coloured ring. The conjunctiva was inflamed, and intense pain was experienced. Dupuytren, Boyer, and others, considered this to be a case of cancer, and proposed the entire extirpation of the eye. Yet the excision of the centre of the cornea produced an atrophy of the eyeball, and the disease was immediately cured. M. LAUGIER observes, that this most excellent practice was known to Celsus, who counsels the excision of staphyloma, not at its base, but at its summit: "*in summa parte ejus ad lentikulæ magnitudinem excindere*," and Scarpa, who was a great advocate of the practice of Celsus, remarks, that when the incision is made at the base instead of the centre, the result is acute inflammation of the globe of the eye and eyelids, with violent pains in the head, convulsions, abundant suppuration, and sometimes gangrene of the eye and eyelids. The portion excised from the centre must not be too small; Celsus says the size of a lentil (lenticula). Scarpa's size is somewhat larger, the third or fourth of an inch in diameter. Among other cases rapidly cured by this treatment was a *red and sanguineous tumour of the cornea, generally reputed cancerous*. This was the result of a violent keratite, followed by softening and morbid growth of the cornea.—Scarpa was several times obliged to enlarge his incision, from having at first neglected to give it sufficient extent.

The *Gazette Medicale* has the following: *Purpura Hæmorrhagica cured by Phosphoric Acid.*—The patient, who was exposed to none of the usual causes of scorbutic affections, lost her strength and appetite after having suckled her first child for twelve months. Hæmorrhages and petechiæ succeeded, for which she took 300 ferruginous pills during the course of a month, but the disease increased. Bleeding from the arm relieved an epistaxis, but that symptom returned. She was at length entirely confined to the bed, her face was pale and puffed, her hearing was gone, her eyes were dull, and the sight almost abolished, the skin of the trunk and extremities was covered with petechiæ, and blood continually exuded from the posterior nares into the mouth. She had palpitations of the heart. The stools consisted of black and pitchy matter, containing blood, and the legs were œdematous.—A potion containing 5vj of phosphoric acid in 3iv of water, was prescribed. A teaspoonful was given every hour in cold water, and a drachm of extract of rhatania in the course of the twenty-four hours. Under this treatment the petechiæ and hæmorrhages subsided, but ascites and anasarca followed, so as to require for their cure drastic purgatives and squills.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, June 25th, 1840:—

John Ramsay, Brush.

William Thomsett, London.

Henry Woodroffe Hare, Worcestershire.

Dayrell Joseph Shackwell Francis, London.

James Powell.

Henry Geo. Noyes, Newport, Isle of Wight.

James Thos. Metcalfe, Masham, Yorkshire.

REVIEWS.

The Physiognomy of Mental Diseases. By SIR ALEXANDER MORISON, M.D., Fellow and late President of the Royal College of Physicians, Edinburgh, &c. Longman.

THIS splendid work contains upwards of one hundred admirable sketches of patients labouring under various forms of insanity. To pass each portrait in review, would be more the province of a journal of art than one of medicine, but we cannot refrain from eulogizing the style of the drawings. They are admirable, and entitled to stand as works of art next to 'Inskipp's Studies,' which are clearly the first of their kind. We must regret that such laborious and praiseworthy graphic illustrations should want a systematic treatise on the subject they portray, and we trust Sir Alexander Morison, by supplying this deficiency, will give to English Medical Literature a work which would then stand without a rival. Sir Alexander's lectures have been given to the profession, and received the honourable mention of the medical reviews. Why are they not republished in connexion with these drawings?

Physical Education, or the Nurture and Management of Children. By SAMUEL SMILES, Surgeon. Simpkin and Marshall. Pp. 200.

Advice to Mothers on the Management of their Offspring. By PYE H. CHAVASSE, M.R.C.S. Longman. Pp. 148.

OPPOSED as we are to the system of publishing what are called "popular medical works," as an indirect method of advertising the name and profession of the author, we cannot avoid noticing the two volumes now before us. They both treat of physical education of the young, a subject of incalculable importance, and yet one much neglected, the health of youth of both sexes being to a very great extent sacrificed to the shrine of premature mental culture. Under these circumstances, it becomes the duty of every parent to study carefully any system by means of which the health of their offspring may be insured, as it is quite certain existing plans too frequently sacrifice that first of requisites. It is a fearful and startling fact, that out of every 1000 infants introduced alive into this world, on an average half die before attaining the age of seven years; and in manufacturing towns, where children are put to school and to work earlier than in other districts, the mortality is still more frightful.

The object of physical education is the production of "*Mens sana in corpore sano*;" its first great end is to promote the efforts of nature in preserving the soundness of the body, at the same time that each and every part of it is brought up to the highest state of perfection of which it is capable. Development of the body is also, in a great degree, furthered by a proper training of its different organs, so as to bring out the harmonious and healthy action of the whole system. Speaking of early education, Mr. Smiles observes, "Nature has implanted in children a prying curiosity to learn by means of their senses; to handle and examine everything they can reach with all the sensation they are as yet endowed with: this instinct should be satisfied and directed; and while engaged in learning by such a natural process, they exercise all their organs equally—their physical structure, their senses, and their observing faculties, thus acquiring a greater amount of knowledge than could be instilled into them by means of the most laborious drilling by means of printed books."

Mr. Chavasse's volume is intended as a

guide to young mothers in the management of their offspring, and is in the form of question and answer, and treats of the many little things which it is necessary to understand in the nursery: for instance, the first part commences with 'ablution;' then follows 'clothing' and diet, vaccination, dentition, exercise, sleep, and lastly 'ailments.'

Were a few only of the many suggestions offered in these and similar works adopted, we are quite certain that children would more easily be reared, and be more strong, healthy, and better able to pass through the little class of complaints to which they are all more or less subjected to, than the present vicious system can enable them to do.

Both Mr. Chavasse and Mr. Smiles may fairly claim the thanks of the rising generation, and we commend their volumes to those interested in the improvement of physical education.

Principles of Botany, Structural, Functional, and Systematic. By W. H. WILLSHIRE, M.D., Lecturer at Charing-Cross Hospital. Highley.

THIS little work is evidently written by one who understands his subject;—it is clear, concise, and well adapted to the use of students. To those commencing, as to those already advanced in the delightful and engaging science of botany, we would recommend this volume.

Dictionnaire des Reactifs Chimiques employés dans toutes les Experiences faites, dans les Cours Publics et particuliers, les Recherches Medico-legales, les Expertises, les Essais, les Analyses Qualitatives, &c. Par J. L. LASSAIGNE, Professeur de Chimie et de Physique à l'Ecole Royale Veterinaire d'Alfort. One vol. in 8vo., 800 pages, avec Tableaux Synoptiques Coloriés. Paris: Bachelier and Labe. London: Smith.

THE name of this distinguished author, who is the Professor of Chemistry at the celebrated Veterinary College at Alfort, stamps a value upon any work issuing from his pen. It presents, in an alphabetical form, a complete summary of the science of chemistry as concerning re-agents. The examination of the principal articles of commerce, and the mode of detecting their adulterations, will make it useful not only to the chemical student, but to the apothecary and druggist, who are liable to be imposed upon by fraudulent dealers.—Not the least useful part of this work is, that which details the mode of effecting analysis for the instruction of persons who are but little acquainted with chemical manipulations. There is also a "*Tableau Chromoscopique*," containing parallelgram figures, coloured with the several metallic oxydes, which having the name affixed, will at once enable the student to determine the nature of any precipitate in the course of his analysis—mercurial salts, for instance, with protoxide base, when subjected to the action of iodine of potassium, give a yellow precipitate. The parallelogram opposite to these salts will therefore be found to possess the exact yellow colour produced by the precipitate itself. The tritoxide of antimony has in front of it two parallelograms—one coloured white for the hydrate, and the second, a dingy light yellow, for the anhydrous oxyde.—In reference to those substances which rank as poisons, the author enters upon the medico-legal question, as to the mode of detecting their presence in the human body. We give one example as to arsenic. The author says—"Heated upon ardent charcoal, the arseniates are gradually decomposed with alliaceous odour, which becomes

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—JUNE 16.

AFTER the important paper on the detection of poisons in the human body, which will be found in another column, M. ROBERT mentioned the *New Operation for Prolapsus Ani*. A woman at *La Pitie*, after her third pregnancy, had prolapsus ani. A fourth pregnancy produced in addition a prolapsus of the uterus, and the rectum became still further protruded.—M. ROUX excised a ring of the mucous membrane of the gut with temporary relief, but the prolapsus returned, the fæces came away involuntarily, and the patient suffered from pains in the loins and thighs. Such was the dilatation of the sphincter, that it permitted the introduction of four fingers into the rectum.—M. Robert, conceiving that incision, or excision, or cauterization of the mucous membrane, had no effect upon the relaxed sphincter, determined on diminishing the length of the muscle, by cutting away a portion to be determined by the increased length which it had acquired. For this purpose, an incision was made on each side of the anus, and directed towards the extremity of the coccyx, in the form of the letter V. The skin, together with the sphincter, included between the two incisions, was removed, and the edges were brought together by twisted suture. By this means half the muscle was removed.—The cure was complete, excepting that the finger introduced into the rectum was not grasped as firmly as in the natural state of the sphincter. A small ring of the intestine also came down, but the patient retained her fæces, and evacuated them in the regular way. The trifling descent which remained might have been obviated by a somewhat larger excision of the sphincter.

Strangulated congenital Hernia—Death from Internal Strangulation after reduction.—This case was related by M. LAUGIER, as having occurred under his care at Beaujon. The house-surgeon reduced the hernia, nevertheless the symptoms of strangulation remained, and the man died. On dissection, the small intestines were free within the abdomen, but a fibrous ring, five millimetres thick, and the same in breadth, like a ring of iron, strangled a noose of intestine about four inches in length, which was livid and blackish. The tunica vaginalis of the strangulated side was free and empty; on the other side, which was affected also by congenital hernia, a membranous tube, an inch in length, and corresponding in diameter with the inguinal canal, adhered to the ring, but was free within the abdomen. It could, however, be returned into the canal. The same membranous tube existed in the side where the strangulation had existed, but here it was within the canal. Its free extremity was regular, but that of the other side, within the abdomen, was fringed.

Enormous Encephaloid Tumour within the Uterus, and the same morbid degenerescence of the substance of that organ, and of the Ovarium.—This preparation was exhibited by M. DUMAS, but no account of the case was given.

Hernia of the Mucous Membrane of the Bladder, with Hypertrophy of its Coats.—This preparation, together with the history of the case, was presented by M. GIMELLE. The man, seventy-two years of age, suffered from retention of urine, and frequent desire to void it. It came away drop by drop. The catheter met with no obstruction, but brought away a small quantity, and still the urine came *guttatim*; for as it appeared after death, a separate pouch existed, in consequence of a hernia of the membrane, and here the urine stationed beyond the reach of the instrument.—The man having died of some other complaint, the coats of the bladder, on dissection, were found to be a third of an inch in thickness; a part had given way, the mucous membrane passed through the orifice, so as to form the urinary pouch in question, which had the size of a lemon. The opening into it was about the diameter of a franc-piece.

ACADEMY OF SCIENCES.—JUNE 15.

Botany.—Azote the nutriment of Plants.—What is the quantity of nutriment restored to the earth, by particular cultures?—The answer to the question was presented in a memoir by M.

more evident under the blow-pipe.”—“*The reduction is also effected when arseniates, soluble or insoluble, are treated by zinc, and very dilute sulphuric acid, for the production of hydrogen gas. The hydrogen gas disengaged from this reaction, being burnt at the point of a tube, deposits a brilliant spot of arsenic on cold bodies.*—This mode is the most effectual for detecting such minute portions of arsenic as escape other tests.” The author gives two other methods, as follows: “Oxide of arsenic mixed with a small quantity of charcoal and boric acid, and heated at the closed extremity of a tube of glass, affords a sublimate of metallic arsenic.—Soluble arseniates dissolved in water, are distinguishable by white flaky precipitates from solutions of lime and barytes, by a sky-blue precipitate from deuto-sulphate of copper, and by a red brick-dust precipitate from nitrate of silver. Finally, hydrosulphuric acid and the hydrosulphates, in presence of an acid, decompose the arseniates after a certain length of time, and produce a light yellow precipitate.”

NEW INSTRUMENT—THE UVULATOME.

A NOVEL and most ingenious instrument has been invented by Mr. John Millikin, of Dublin, for excising any portion of the uvula which it may be desirable to remove. It is a forceps having a sliding blade on the upper surface. The portion to be removed is taken hold of by the forceps, and secured by a small bolt projected by the thumb; the fore-finger then projects the cutting blade, which cuts off the desired portion in a moment, which being held by the forceps is brought out of the mouth. This instrument renders the operation an affair of a few seconds—it is simple, ingenious, and effective. The inventor of the Uvulatore has, we understand, several other new instruments in progress, which we shall have pleasure in introducing to the notice of the medical public on this side of the Channel.

ADULTERATION OF CERATE.—Dr. Faucher informs us, 1st, that the cerate sold by druggists is prepared with inferior oils, often of bad quality, and with impure wax; 2nd, that this cerate may be bleached with sub-carbonate of potassa; and 3rd, that when applied to sores, burns, &c., it often increases inflammation.—To ascertain the bad quality of cerate he points out the following process: a given quantity of cerate is boiled in a sufficient quantity of river water, or better still, with rain water (as more pure). Fresh water is added in proportion as it evaporates: after long boiling it is allowed to cool, and is then decanted or filtered; after which operation, it is found that the cerate has lost weight, because the soap is dissolved in the water as well as the carbonate of potassa, which is in excess.—Pure cerate, treated in the same manner, will not lose weight. There exist other scientific means of detecting the adulterations of cerate.

ADULTERATION OF MILK.—The authorities of Rheims and Réthel have adopted the plan of weighing milk in order to detect the frauds practised by milk venders, and to punish those guilty of them. This has produced the best results, and the inhabitants have now the advantage of drinking none but pure milk.

MONTHLY MILITARY OBITUARY.—Medical Department.—Surgeon Reid, 50th Foot; Surgeon Grieve, h. p. 77th F., Abergavenny; Assistant-Surgeon Marshall, 7th Dragoon Guards, Edinburgh.

QUARTERLY NAVAL OBITUARY.—Surgeons—Wade Shields, John Morgan (a), W. Llewellyn, Archibald Ferguson, James Jackson.—Assistant-Surgeons—Michael Brown, Robert Brown, M.D., William Brown, M.D., D. J. R. Robinson.

BOUSINGAULT, who gives the exact amount of growth per hectare (2½ acres), the quantity of residue in leaves, straw, stalks, and roots restored for manure, together with the quantity of azote, carbon, hydrogen, oxygen, and salts, produced by the decomposition of that residue. This will appear from his subjoined table, and we refer to one item only by way of explanation. Beet-root produces per hectare 14921 kilogrammes of useful root, and of leaves 10472 kilogrammes, (if not consumed by cattle), to be returned to the earth. The leaves contain of azote 52.5, carbon 444.6, hydrogen 59.5, oxygen 359.5, salts and earth, 250.9.—If we compare the proportion of azote in the beet plant returned to the earth, 52.5, with that of trefoil roots 27.2, it will be found to be nearly double. Yet trefoil ameliorates the soil for succeeding crops more than the beet, something more than azote is then required, and this is to be found in the action of the roots of trefoil, in penetrating and dividing the soil.

TABLE OF PRODUCE FOR FIVE CONSECUTIVE YEARS.

HARVESTS.	Produce per Hec- tare in 1839, in Kilogrammes.	Dried Produce at 110 degrees cen- tigrade.	Residues of the Harvests.	Elementary Matter of the Residues.						
				Weight of the Residues per Hectare.	Residues dried at 110 deg. centig.	Carb.	Hyd. Oxyg.	Azote	Salts and Earth	
Potatoes -	12400	2955	Stalks ..	Kilog. 2867	Kilog. 657	Kilog. 307.9	35.1	206.2	15.9	122.8
Beet-root	14921	1820	Leaves ..	10172	1170	444.6	59.1	350.5	52.5	250.9
Wheat ..	2344	2004	Straw ..	1400	1036	501.4	55.0	402.8	4.2	72.6
Trefoil ..	3000	2370	Roots....	2000	1557	671.4	82.0	570.8	27.9	194.9
Oats	1957	1550	Straw ..	912	650	325.7	25.1	253.5	2.6	33.1
	52086	10732		17654	5087	2251.0	266.7	1792.8	102.0	673.5
Manure } for 5 yrs }	40684		Dry ma- } nure... }	10161	10161	3637.6	426.1	3621.5	203.3	3211.9

its extirpation was not called for. An incision throughout the whole length of the diseased tunica vaginalis was made, in order to lay that cavity open for examination, which would afford a sure means of deciding as to the expediency of excising the diseased portion. This being effected, the cavity was seen to contain many clots of blood, some of which had become organized, and the tunica had become cartilaginous and thickened to a great extent. The diseased portions constituting three-fourths of the tunica were excised, and the patient is in a fair way of recovery, notwithstanding he had a sharp attack of fever.

PHYSICIANS' WARD.—M. ROSTAN.

Typhus Fever—Reflections on the Morbid Appearances of Typhus, and their value.—It deserves notice, that this is the first patient who has died of typhus fever this year in the clinical ward of M. ROSTAN, the professor of the faculty.—The patient was a young man, eighteen years of age, apparently of good constitution, who had been ill eight days previously to his admission, during which period he was labouring under symptoms of gastro-enteritis, accompanied with epistaxis. On his admission, a sort of stupor, with indifference to all around him, was observed. His teeth were dry, the tongue was red at its edges, and covered on its upper surface with a yellowish coat. He craved for drink, but his appetite was entirely lost. The epigastrium was painful, and vomitings had occurred. The remainder of the abdomen was not painful to the touch, excepting the cæcal region, where pain and borborismi were occasioned by pressure. He was constipated, which is rarely met with in these cases, inasmuch as diarrhoea is the general symptom.—Such were the first symptoms noted. Delirium and subsultus tendinum soon made their appearance, and the countenance betrayed the advanced stage of the disease. The thirst became intense, and the urine flowed involuntarily.—The respiration was hurried, and fifty-six inspirations were counted in a minute. The chest was quite sonorous; auscultation revealed a suppression of the vesicular sound in certain points, and mucous rattles were heard in several others.—Bleeding in small quantity was at first tried, but the depression of strength forbade its repetition.—An attempt was made with revulsives and tonics, but the rapid course of the symptoms, and the hourly anticipated death of the patient, prevented any continued treatment. The body was not opened, but the reflections of M. ROSTAN on the probable pathological state of the organs, are not without interest.—“What,” said he, “are the morbid appearances we should find in this case? It can scarcely be doubted that the glands of Peyer, and isolated follicles of Brunner, will be found diseased, but shall we find the mesenteric ganglia enlarged? This is uncertain, for the simultaneous existence of the patches of diseased Peyer's glands, and of turgid mesenteric ganglia, is far from being constant in typhus.—In this case, we should probably find sanguineous injection of the mucous membrane of the intestine, enlargement of the liver and the spleen, and congestion of the posterior part of the lungs from hypostasis. The dyspnoea, accompanied by increased sonority of the thorax, and the ablation of the vesicular sound in some points, leads to a supposition of pulmonary emphysema.—The disturbance of the cerebrum, as evinced by the delirium, must coincide with some material alteration in the nervous centres, but that alteration may escape detection by our limited perception.—The examination of the blood would doubtless show it to be changed, as to its physical properties.”

Hydro-pericarditis.—This patient, twenty-one years of age, had been ill six months. The first symptoms were cough, dyspnoea, and palpitations, which continued to increase until the period of his admission. He had been confined to his bed only two months, his legs and abdomen having then begun to swell.—On his examination in the hospital, his face was pale, the lips and extremities violaceous, and the latter habitually cold. He lied on his back in consequence of the distress occasioned by any other position, but he required to be supported by pillows. The dyspnoea was in general intense, but variable, and sometimes the

respiration became tolerably free. The cough was small and frequent, the expectoration mucous, pearly, and diffuent. The veins of the neck were not enlarged, nor was the venous pulse remarked in them. The anterior part of the chest and the epigastric region, from the margin of the fourth rib of each side to the umbilicus, were considerably enlarged and prominent, but this increase of size was not observed on the lateral or posterior regions, being, in fact, such as might be expected from enormous distension of the pericardium.—In all the enlarged part the want of resonance was complete; on the other hand, the sound was perfectly clear on percussion over every other. In the lateral and posterior parts the respiratory sound was unimpaired, but in the anterior there was an absence of the respiratory murmur, yet without bronchic respiration. (Cephalophony was sometimes heard, especially on the right side.—The palpitations were frequent and painful, but the pulsations were not sensible to the touch, nor was the natural heaving of the chest, from the impulse of the heart, perceived. The sounds of the heart were farther back than usual. They were dull yet distinct, free from all abnormal sound, equal and regular. The abdomen was generally tense, affording no sound on percussion. The integuments were cedematous, and fluctuation, with absence of sound, was perceived in the hypogastric region, both of which were made to disappear by causing the patient to lie on the opposite side. The lower extremities and scrotum were also cedematous. The digestive functions were entire, and the appetite moderate. No diarrhoea or pain was felt in the abdomen. The urine was natural, and the sleep variable, according to the intensity of the dyspnoea. No headache or giddiness were complained of.—At the close of life the patient was every instant menaced with syncope and suffocation, in a fit of which he was carried off.—The only fact of the treatment deserving of notice is, that a large blister to the chest, accompanied with the internal administration of nitre, and a diuretic syrup of asparagus-heads remarkably relieved the symptoms, but the amendment was temporary.—*Dissection.* All the viscera, excepting the heart, the pericardium, the pleura, and the peritoneum, were sound. The anterior part of the chest was occupied by a considerable tumour, which had forced down the diaphragm into the abdomen, so as to give to the supra-umbilical region that prominence which was remarked during life. On laying it open it was found to be the pericardium filled with a litre of serum, whose transparence was scarcely troubled by a few yellowish flakes. The pericardium was lined by a pseudo-membrane, varying in thickness from the twelfth of an inch to the sixth, which also covered the heart. The sac, therefore, seemed to be double, and separable by the removal of the pseudo-membrane. Its coats were also somewhat thickened. The heart itself and its orifices seemed healthy. Each pleural cavity contained about half a litre of limpid serum slightly turbid. The pleura exhibited a slight punctuated appearance of redness. Serum was effused in the peritoneum, and the integuments of the lower limbs, hands, and abdomen were anasarcous.—(*Bullet. Anat.*)

HOSPITAL LA CHARITE.—M. VELPEAU.

New mode of extirpating a portion of the first Metatarsal Bone of the Foot—Utility of the Chain-saw.—The entire ablation of the metatarsal bone, or the amputation of either of its extremities, is not new, but M. VELPEAU affirms, that the excision of a portion of the body of the bone has never before been recorded. The advantage of this partial excision of the body of the bone arises from the possibility of its being entirely reproduced, but this result could hardly be expected after the removal of the whole, and in most cases, even of its cartilaginous epiphyses. The extirpation of a part only of the body leaves the foot free from deformity, but when the whole is taken away the deformity is not only great and irremediable, but productive of serious inconvenience.—In this case the integuments were incised so as to form a semilunar flap, whose diameter or

base occupied the whole length of the second metatarsal, and whose summit was on the inner edge of the foot. The flap being dissected from the extensor tendons, was turned back upon the foot. The tendons being put aside, and the fleshy parts detached, the chain-saw was passed round the bone in immediate contact with it, by means of the needle attached for this purpose, and the bone was sawn through transversely near its digital extremity. The chain was then passed back through the incision, and carried along the edge of the bone to the point where it was again to be severed. This second incision was made obliquely, in consequence of the disease occupying a larger portion of the inner surface than the outer, these terms being understood as having reference to their position with respect to the body. By the obliquity of the incision a larger portion of the bone was left behind than could have been by transverse section.

Enlargement of the three Lobes of the Prostate—Retention of Urine—A cyst containing eight Urinary Calculi, weighing together seventy-two grammes (about 2½ oz.), without any sign of their existence during life.—This man suffered much from difficulty of voiding his urine, and sometimes entire suppression. The catheter was occasionally introduced, without great impediment, but at other times with difficulty.—On *dissection*, the urinary canal was perfectly free from contraction, but at its vesical orifice, three enormous projections were found. The middle one was smaller than the two others, which were formed by the lateral lobes of the prostate, but from its position, it was pressed forward on the mouth of the bladder by the urine, so as to form an obstacle to the evacuation. This case may be taken in illustration of Mercier's opinions with regard to the causes of retention, to which we have referred under the head “Foreign Journals,” in our number of the 13th.—M. VELPEAU considers these tumours not to be the substance of the prostate, but fibrous growths within the gland, similar to those which are found in or upon the uterus.—Among the practical reflections to be made upon this case, one would be to consider the result of introducing a small bougie, on the supposition that we had to deal with stricture. It would be too weak to overcome the obstacle; it would bend upon itself, and the impediment might now be ascribed to a more advanced state of the contraction, than was at first suspected. A smaller, and of course a weaker bougie, would meet the same fate. On the other hand, a large catheter would have sufficient force, either to push back the middle lobe, or to pass over it by the depression of the handle, and this success would be published as a proof that large catheters will pass small strictures when small bougies are obstructed—although the stricture may have existed in the imagination of the operator alone.—When a stricture therefore is not detected before the instrument reaches that distance, from the orifice of the urethra at which the prostate begins, we should investigate for disease in the gland. The finger may be introduced into the rectum, but even this will not always be sufficient to detect enlargement.—In addition to the diseased prostate, the bladder of this patient contained a cyst with eight urinary calculi, of variable size and weight, forming a total of seventy-two grammes (about 2½ ozs.), one of which having the size of a walnut, weighed twenty-two grammes (¾ oz. nearly). The patient complained of no symptoms which could lead to a supposition of urinary calculus, which may be accounted for by their encysted inclosure having preserved the coats of the bladder from their irritation, and from those interruptions to the flow of urine which arise from a calculus being mechanically forced against the neck of the bladder.—*Gaz. des Hopitaux.*

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MEDICAL PORTRAITS.

A FIELD-DAY IN GOWER-STREET.—NO. II. THE OPERATIONS.

THE performances commenced with Lithotomy—the patient was a hearty-looking young man. “Give me *the grease*,” shouted Mr. Liston, and he anointed first the sound, preparatory to passing it into the patient’s bladder, and secondly his finger, previous to introducing the enormous digit, *per anum*. The patient, tied up in the ordinary way, or ‘neck and crop’ as he himself muttered, (for he had courage to be facetious,) Mr. Liston made the first incision, and then the second. The pain extorted a half-smothered groan, and the patient, in the agony of the moment, attempted to close his limbs in a vain attempt to avoid stretching the gaping wound. “Slack your legs, man, slack your legs—or I won’t go on,” said Mr. Liston, and suiting the action to the word, he coolly relinquished the operation. “No, I won’t go on,” he continued to those near him, “unless he loosens his limbs,” and he patted the patient’s adductors with the bloody knife, with the approving self-complacence of a butcher with a bellyfull. At length the spasm gave way, the limbs were relaxed, the knife was passed into the bladder, followed by the operator’s long finger, and, one pair failing, a second forceps removed the stone quickly and dexterously. “Here’s your enemy,” said Liston to the patient, as he lifted his hand, all bloody, to show the man the calculus. “Ah! its an ugly beggar, that,” replied the man, who had regained his spirits. *Liston put the stone carefully on the ground; it looked so soft and friable, that had it fallen, its own weight would have crushed it.* Some one of the visitors expressed a wish to see the stone. It had been removed, and both calculus and *lithotritry* thus kept carefully out of sight. A clinical lecture followed; we report it verbatim:—“The patient lost more blood than usual—the delay may account for this—but I didn’t choose to go on when the perinæum was *this deep*,” and the lecturer measured six inches on his long finger. “The hæmorrhage is of no consequence, only some of the perinæal branches.”—Thus ended the lecture, from which the assembled students might learn, that when they operated for lithotomy, ‘the patient might lose more blood than usual from the perinæal branches,’ if they chose to delay the steps of the operation.

The second act consisted of amputation of the thigh. The patient, an elderly man, appeared much reduced, and as he was being placed on the table, looked anything but able to bear the brunt of so serious an operation. A small deal case, like a miniature candle-box, all rough and unfinished, was handed to Mr. Liston, from which he took a formidable knife, and having a scalpel in readiness, he thrust the knife pointwise through the thigh, and cutting downwards,

and towards the surface, in a moment he had completed the flap. A second and similar cut, below the femur, made another flap, the two incisions were united at the sides, the scalpel passed rapidly round the bone, the muscles, *en masse*, drawn up, the saw taken—and the limb fell on the ground. The rapidity was truly miraculous—the limb was on and off in a wonderfully short space of time; and this operation demonstrated the manual dexterity which practice will enable a man to acquire, whether it be in amputating a limb, or picking a pocket. Mr. Liston left Mr. Richard Quain to superintend the taking up the arteries, and as Mr. L. offered an evidence of quickness and dexterity, Mr. Q. demonstrated the antagonist qualities, and as the limb was removed in something less than one minute, the arteries were secured in something more than five; Mr. Richard Q. ever and anon poking his nose so close to the gushing orifices, as to lead some of the lookers-on to suspect that he verily intended to stop the crimson current with his nasal organ; a mode of suppressing hæmorrhage, which, had he succeeded in effecting, would have entitled him to a place among the authors of surgical improvements—a companionship, which in any other way he stands no chance of enjoying.—The third sufferer was a miserable looking woman, with a tumour on the lower jaw. “*Epulis*,” said Mr. Liston, as he drew a couple of her teeth. The gum removed, he applied a saw to the bone, over the spaces whence the teeth had been taken, and first on one side of the tumour, and next on the other, sawed down towards the chin. A powerful pair of nippers were then applied, and the tumour, and portion of the jaw thus isolated from the rest, broken off. The woman was led away, and a second *clinique* delivered. “*Epulis*,” said Mr. Liston, taking the excised portion in his fingers; “we will put this up,” meaning thereby that it would go to swell the hospital museum. “You saw I took out two teeth, here is another,” pointing to one still adherent to the separated portion of the woman’s jaw, “I *should* have taken this out also, *but*,” and here he smiled as if to give a hint that he wished to be remarkably facetious, “*it makes a better preparation with it in, and so I left it.*—The concluding operations were for the cure of squinting by dividing the internal rectus muscle. A man and a boy were brought in, and Mr. Liston did something to their eyes, but what he did, or how he did it, or what was the result, nobody seemed to know, which may be accounted for by the fact that no one was able to see through Mr. Liston’s bulky person—and the aforesaid bulky person being interposed between the patient and the spectators, the disappointment is not to be wondered at.—Thus ended the field-day in Gower-street, and the general feeling of the spectators, as they

l lounged out of the hospital and loitered about its doors, seemed to be that the whole affair was very clever, but extremely cruel; and got up and conducted somewhat more in the spirit of a Spanish bull-fight, than in that of Science teaching her votaries, or Benevolence seeking to lighten the misfortunes of humanity.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW’S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

PHLEBITIS; ITS PATHOLOGY AND TREATMENT
—VARIX.—OSSEOUS SYSTEM—INJURIES TO BONE.

SOME years ago I had several cases in the hospital, all occurring nearly together, in which phlebitis ended fatally, and in which I had an opportunity of observing the principal appearances that were produced in consequence of this affection. In one of these instances, which was that of a patient who came to the hospital with an old ulcer of the leg—a large man, in whom the part had become inflamed, and the ulcer had extended considerably in consequence. It was necessary to bleed him, and to keep him low, and under that treatment the leg got well. But the wound made by the lancet in venesection did not unite; it festered, and in fact phlebitis took place. After the inflammation had existed for a few days, the knee-joint of one side swelled considerably, and this swelling extended to the thigh of the same side generally; then the opposite shoulder-joint swelled, and at length the patient died. On examination, we found that the inflammation of the vein seemed to be in a natural course towards a cure, but the synovial membrane of the affected knee was inflamed in the highest possible degree; the whole surface of the joint was a bright red colour, and its cavity was filled with pus. There was a deposition of pus generally into the cellular texture of the thigh, beginning immediately on the outside of the knee joint, running in the interstices of the muscles, and affecting the cellular membrane of the entire limb. There was a similar deposition of pus surrounding the shoulder joint of the opposite side. I had a case some time ago under my care, at Bedlam, and the patient, who was in a state of mental derangement, had been sent from the country. He was bled in the arm before he set off, and it seems that they took no particular care to bind up the arm properly before they sent him on his journey. When he arrived at the hospital, although he was in a state of mind not to give a clear account, yet he said that he had pain in the arm. On examining him, I found that he had been bled, and that the limb had been confined tightly from the means adopted to restrain him on the journey. There was the impressure of a cord, or something used in confining him, that had made a visible impression on the arm. Swelling was present, besides this painful state of the arm; and thus it was pretty clear, though the man could not give a good account of himself, that inflammation of the vein had been brought on, partly in consequence of venesection, and partly in consequence of the external irritation from the mode of confining him. Means were adopted for reducing the local inflammation, which had a very favourable effect; the arm became considerably less swelled, the redness disappeared, and, in fact, before the patient died, the arm had assumed pretty nearly its natural size and appearance; however, there was considerable febrile disturbance, a white tongue, want of sleep, a great degree of restlessness, and, as the affection went on, a peculiar difficulty of breathing seemed to join itself to the other symptoms. The man occasionally complained (but we

hardly knew whether to ascribe it to actual sensation, or the state of mind he was in) that he had hot air in his throat; and, indeed, he seemed to have a sensation about the throat that was particularly painful. He died. I examined the case after death, and I found that the affection of the vein extended from the basilic into the axillary vein, and along the trunk of this and the subclavian as far as the termination of that trunk, and the junction of the internal jugular, where it abruptly ceased; but in the original seat of the inflammation the affection seemed to be pretty much on the decline. The chief morbid changes in this case were found in the heart and pericardium. Within the pericardium there were several ounces of thick, turbid, fluid serum, with a good many flakes and much purulent matter mixed with it. The whole of the pericardium covering the heart, and the reflected portion of this membrane, were highly inflamed—more so than I had ever seen them before. The minute vessels of the membrane were excessively injected, so as to give the whole of it a bright red colour; and in one part there was ecchymosis under the membrane. The whole of the left ventricle of the heart had a bright scarlet colour, in consequence of the injection. At one part of the left ventricle, in the midst of this bright red, there was a yellow spot observed, which might be about the size of a sixpence. On making an incision to examine the fibres of the heart, I found them broken down, and mixed with a yellow purulent fluid. It was the same kind of purulent deposition in the muscular substance of the heart which is so often found, in similar cases, in the substance of the lungs or liver.—It is an interesting inquiry in these cases how the inflammation of the vein leads to the effects that I have now been describing? How the inflammation of the vein, in the first instance, excites that febrile disturbance of the system which is a marked circumstance in cases of phlebitis? And how this inflammation of the internal parts, quite remote from, and apparently unconnected with the original seat of mischief, become superadded to the affection, so as to lead to the fatal termination?—An idea has been entertained, that the inflammation of the vein is propagated along the lining of the vessel to the heart. This, however, does not accord with what we find on examination after death. We sometimes find that the inflamed portion of the vein does not extend very far from the seat where the external irritation has been applied to it; and in all instances we find it ends short of the heart. I do not know of any instance in which there is reason to suppose that the inflammation has been actually communicated to the heart; on the contrary, in the cases that I have mentioned, where it reached as far as the termination of the internal jugular, the vein from that point—the superior vena cava, was perfectly healthy. In other instances it has not reached so far.

It has been the opinion of some that the mischief in question arises from the pus which is formed in the inflamed vein passing into the circulation. This opinion has been given by M. Breschet. The same opinion has also been given by Mr. Arnott, in an elaborate paper on Inflammation of the Veins, contained in the XVth volume of the 'Transactions of the Medical and Surgical Society.' Both these gentlemen advert to the effect produced by injecting pus, or other acrid substances, into the veins of living animals; and they say, that in these instances the purulent secretion produced from the inflamed vein passes, in the course of the circulation, into the system generally, and thus excites the mischief.—With respect to the causes of phlebitis, we find, in most cases, that it is traceable to some external injury, or some direct external application: thus the wound that is inflicted on the vein in phlebotomy has, in many cases, produced this affection; and it happened in one instance, that terminated fatally, some years ago, in the hospital under my care. This was a case in which a young woman had received some injury, for which she was bled in the arm. She was by occupation a weaveress, and she went to her work after the phlebotomy had been performed. She continued to employ her arm in weaving; but on the second day after the bleeding, inflammation of the vein came on. This female, on the following day, was

received into the hospital, labouring, in a marked degree, under all the general and local symptoms of phlebitis, and she died from the purulent deposition in some of the joints; but I was not allowed to open the cavity of the chest, or the abdomen, so that I cannot exactly tell what state these were in. I saw phlebitis arise in a gentleman, under my care, on whom I performed a slight operation. I bled him in consequence of symptoms that ensued after this operation. He had come from India, but was a young man, and apparently healthy. However, the wound in the arm led to inflammation, and he died in consequence of it. And I may here state, that in performing operations on persons coming from India, sometimes a fatal disturbance arises where we should not expect that effect; so that probably, from the diseases that Europeans experience in those climates there is some unfavourable effect produced on the system which renders them less able to undergo operations than the persons that we ordinarily have to deal with in this country. This explained to me a circumstance that I had sometimes been rather puzzled about—that individuals should be advised to go and get operated upon in England. I suppose that the surgeons in the East Indies find that operations do not turn out very favourably there.—Other external injuries applied to a vein are capable of producing serious inflammatory affection of the part. In consequence of the changes that take place during parturition, and of the mode in which the veins of the uterus are exposed, by the separation of the placenta, as well as in consequence of the effects produced by portions of the placenta remaining adherent, inflammation will arise in the veins of the uterus, and will be extended from them to the internal iliac, and even to the external iliac and femoral veins, and thus become the source of a serious affection, called phlegmasia dolens; or if propagated to the vena cava, may lead to fatal consequences. It seems, that inflammation occurring in the veins of the uterus, and propagated from them to the internal and external iliac, and some other veins, is the source of some of those obscure affections which have been recorded under the general name of puerperal fever. It is not unlikely that in compound fracture, and other serious injuries, inflammation of veins may arise; and thus that phlebitis may, without our being aware of it, have a greater share in producing some of the consequences of these injuries than is supposed. This point, however, is not yet sufficiently investigated.

The next point of our inquiry is, as to the TREATMENT of this affection.—I believe the best plan of treatment consists in applying, as early as possible, leeches, in large number, over the veins in which the inflammation has originated; in attempting by the local abstraction of blood—and by such other means as are likely to reduce inflammation—to overcome the inflammatory disturbance in the parts.—The considerable febrile disturbance of the system which exists in the early period of the affection, leads us, in many cases, to infer that general bleeding would be of service; and, accordingly, many patients have been bled freely from the arm in cases of phlebitis. The febrile disturbance is generally lessened by such bleeding; but although the symptoms are lessened for a time, I think we do not in general find that any corresponding influence is produced in putting a stop to the affection. The symptoms come on again, and soon the period of active inflammation passes by, and a condition, of a typhoid character, comes on, in which general depletion is not only unnecessary, but would be absolutely prejudicial; indeed, in the advanced stage of the disease, where you have great anxiety and restlessness, and where there is a great degree of irritability, with depression of the nervous system—where the tongue begins to become brown, with urgent thirst—we are at a loss to know what to do, for none of the means that we usually adopt are of much advantage. I have given mercury pretty freely in that state without seeing it do much good. I have tried narcotics, such as hyoscyamus, opium, and other sedatives, perhaps with a little benefit, but without much effect in mitigating the progress of the disease; for when the disease has gone to a certain point, and these internal affec-

tions which I have alluded to have taken place, we seem to have little power in controlling the disorder. The intractable nature of the affection, therefore, holds out a strong motive for adopting every means in cases of injury, or wounds of veins, that are calculated to avert the occurrence of inflammation, and is a reason for adopting, in the early period of the affection, when the inflammation first comes on, those local antiphlogistic means—leeches, and so forth, that are calculated to lessen the inflammation of the part; for if we neglect these two points, and allow the disease to become fully developed, the patient in most instances is lost.

VARIX.

The veins are subject to an affection which is denominated *varix*, that is, enlargement of the vessel, with thickening of its coats, and this occurs chiefly in those situations of the body in which the return of the blood takes place contrary to its gravity, particularly in the lower extremities. In veins that are thus seated, not uncommonly attacks of inflammation come on; the coats of the vein become thickened; deposition takes place in them; and thus they become very considerably enlarged in size, and assume a tortuous and irregular course. This affection often exists for a great number of years, and sometimes will extend to the whole of the veins of the lower extremities, which leave an irregular knotted appearance, rising above the skin, and projecting at all parts of the limb. You are often surprised to see such general changes of the superficial veins of the limb, and the patient apparently experiencing very little inconvenience from it. Frequently, however, these varicose affections of the veins are the source, not only of inconvenience, but even of danger. Such diseased veins are of course more liable to the occurrence of inflammation than others. The distention sometimes becomes very considerable; the coats of the vessel get thin, and at a certain point they give way and break; and thus a large quantity of blood may be lost from the rupture of such veins. The swelling of the veins, particularly under considerable employment of the limb, is attended with great pain and inconvenience, and limits the patient very much in his exertions in walking, and so forth.—If the varicose veins become very actively inflamed; if they become enlarged and hardened, and the skin over them red; and if it is painful to the touch, we must treat them as we should inflamed veins under any other circumstances. We must take blood from the part, and employ other means necessary to reduce the inflammation. When the inflammation has been reduced, the best mode of treating varicose veins is by pressure—pressure, by means of a well-applied bandage, an application called a laced-stocking, or adhesive straps, or soap plaster. These are the various modes by which pressure is to be applied to the limb; and they will often limit the progress of the affection, keep the veins within a certain size, and enable the patient to use all ordinary exertion without inconvenience.—It is a question whether we can, with any safety, proceed farther in the treatment of varicose veins of the limb than I have mentioned; whether we can do more than apply leeches, or other means calculated to reduce inflammation, and then use pressure, in other words, whether we can, with safety, adopt means for effectually diminishing the size of the veins? For this purpose, it has been recommended at various times to tie the trunk of such enlarged veins; to make a division of the trunk, and actually to cut away the vascular enlargement. If the main trunk connected with the varicose vessels be divided or tied, certainly a considerable diminution of this enlargement of the veins will ensue. But here you must recollect the danger that will arise from the application of a ligature to a vein under such circumstances—a vein by no means in a healthy state. You must recollect the danger of exciting by such an operation inflammation of the vein, (phlebitis,) and, in truth, patients have died in many instances in consequence of the application of ligatures to veins for this purpose. Individuals who have been in good health, and have had nothing but this local inconvenience, that might easily, by safe means, have been kept

within a moderate compass, from a desire of radically getting rid of it, have had the operation performed, and have died in consequence. This has taken place so often, that no one would now think of adopting the plan of ligature in these cases. Another mode of attempting to cure the affection has been by cutting away a part of the enlarged vein—but this operation also has terminated fatally in many cases. The only safe proceeding of this kind, and even that I should not deem absolutely safe, is the one proposed by Sir Benjamin Brodie; it consists in dividing the varicose vein under the skin; making a very small opening with a slender and narrow knife, which is introduced at the side of the vein. It is a curved knife, cutting on the convexity, very narrow pointed; it is introduced at the side of the vein, and carried, with the flat surface, horizontally under the skin, between it and the vein. Then the knife is turned, so that the convex cutting edge is towards the vein, and drawn out, so that the vein is incised under the skin, no further opening being made than is just sufficient to introduce the narrow knife into the skin at the side of the vein.—In general this operation is not attended with so much risk as accompanies either the excision of a part of the varicose vein, or the application of a ligature to it. In those instances, therefore, where it is necessary to do anything at all in the way of operation, this is the preferable mode. But the great danger which attends all modes of wounding veins, particularly those which are in this diseased state, has led, I believe, pretty generally to the abandonment of attempts of that kind; and surgeons are now satisfied with the means that I have already described to you, as of a more safe character for the treatment of this affection.

OSSEOUS SYSTEM.—INJURIES OF BONE—EXFOLIATION.

Although the bones appear at the first view so different from the soft parts of the body, the organic elements which compose them are essentially the same. Cellular structure, arteries, veins, absorbents, make up the basis of composition in both instances. Hence we find that bones exhibit the same living phenomena, whether in health or disease, as the soft parts; they are equally capable as the soft parts of *repairing injuries*; they go through the processes of inflammation, swelling, suppuration, ulceration, granulation, mortification. They are also susceptible, like the soft parts, of various *organic* changes; thus they exhibit sarcomatous, steatomatous, cancerous, fungoid, and melanoid changes of structure. The various diseased actions, like the healthy processes of nutrition, absorption, and so forth, are essentially the same in the bones as they are in the soft parts of the body—the only difference is in the form or appearance under which they present themselves, a difference which is obviously referrible to the difference of structure in the two instances. The chief character which distinguishes both the healthy and the morbid processes that occur in the bones from those that take place in other parts, is the comparative slowness with which they are affected. You find that all the processes of disease, as well as of health, go on much more slowly in bone than in the soft parts.—From the hardness of their structure, bones are hardly susceptible of that kind of injury which is so frequent in the soft parts from incised wounds, yet they are often exposed in wounds, and we have an opportunity of seeing the mode in which the effects of such injuries are remedied. The bones are necessarily divided in the operation of amputation; when the thigh, for example, is amputated, we have the bone to saw through. We place the soft parts over the bone, and these, perhaps, unite by adhesion; they cover the bone, they become adherent to it, and the wound goes through just the same process that it would have done if it had consisted of a wound of the soft parts only. We see no circumstances which indicate to us any peculiar character from the division of bone in such an instance. It may happen that such a wound does not unite by adhesion; although the soft parts are brought together, they do not heal but suppurate, and they subsequently unite by granulation. Under these circumstances, we shall see that the

bones produce granulation as well as the rest of the wound. Those red roundish prominences to which the term of granules is given, spring from the surface of the bone generally, and they unite with the granulations which are produced by the surrounding soft parts, and enter into the composition of the common cicatrix. It may happen under such circumstances that the soft parts retract, and the bone protrudes from the wound, that is, a certain portion of the bone protrudes and becomes denuded of the investing membrane, or periosteum—it perishes, and then it is separated from the sound part of the bone by a process which I shall presently mention to you.—It is not uncommon to have the bones exposed in wounds. A bone may be exposed but still covered by its periosteum, and if the soft parts are brought together over it, the process of adhesion will be just the same as if there were no bone in the case. The bone, however, may be completely laid bare, that is, it may be denuded—the periosteum actually detached from the bone, this being either not injured at all, or but superficially marked by the injury which has been inflicted. Under such circumstances we lay the soft parts down, we bring the integuments together, and approximate them over the surface of the denuded bone. They will probably unite by adhesion, cover the bone, and the process of union will go on just as if the bone had not been exposed. It occasionally happens, however, that the parts do not unite, that the wound becomes an open one, and granulates, and then a certain surface of the bone is exposed—that is in common phrase, *denuded*. We see a portion of bone of a whitish or yellowish appearance, and it appears to us as if it were dead. If this portion of bone be not considerable, and if the surface of the wound be kept moist—if it is not exposed to the atmosphere so as to be allowed to become dry, we find the bone does not assume actually a dead white colour, but there is a kind of semi-transparency belonging to it—it retains something of a pinkish hue, and after some days have elapsed, probably numerous little pinkish spots appear on the surface of the bone, and these gradually rise till they assume the appearance of granulations, and in fact they are granulations springing out of the denuded surface of the bone. In this way we shall find that the exposed surface of the bone will be gradually covered by a production of a granular kind, very similar to that which takes place from the soft textures of the body, and the granulations which thus arise on the denuded surface of the bone unite or inosculate with the granulations produced from neighbouring soft parts, and a common cicatrix covers the whole. It is not uncommon to see this process in exposed portions of the cranium, and I have seen instances in which a very considerable portion of the surface of the cranium, and that in elderly persons, has thus produced granulations, and become covered by the production of new flesh, so that a wound, accompanied with extensive exposure of bone, has thus become consolidated without any of what is technically called *exfoliation* of the bone taking place.—I remember an instance of a wound of a contused and lacerated kind, in which nearly the whole of the exterior surface of the patella was exposed—it was quite denuded of the periosteal covering. It assumed a brownish appearance, from which I supposed that the surface of the patella would separate. This, however, did not take place; the soft parts united, granulations sprung from the surface of the patella, and no separation took place. I have seen an extensive exposure of the tibia in a compound fracture of the leg, in which I supposed that exfoliation must necessarily ensue, but in which the surrounding soft parts advanced over the bone, granulations sprang up on the bone itself, and thus the wound was healed by the granulating process—partly of the soft textures, and partly of the exposed surface of the bone.—Occasionally, however, the surface of the bone when thus denuded becomes perfectly dead; it then turns of a dull white, and afterwards assumes a brownish or even black colour; when it thus loses its vitality, no pink appearance remains, and we never see any production of those pink spots or irregular prominences. Under such circumstances the portion of the bone exposed dies, and it is to be separated from the healthy bone by a process which is essen-

tially similar to that which takes place in a separation of a slough from the soft parts. Now this, in the case of bone, is called *exfoliation*: it is the process by which the projecting portion of bone, in cases of amputation, is detached from the living bone, and by which a portion of bone which has been denuded is separated, or by which a portion of bone in the other parts of the body, when it actually perishes, is detached from the living part. *Exfoliation* means the separation of a leaf, and in fact the portion of bone which is detached in these cases, is often a thin plate. Hence the name of *exfoliation* has been given to it.—We find in these cases, as in cases of the mortification of soft parts, that a groove is formed between the dead and the living parts—it seems as if a portion of the substance were eaten away. From the groove which is thus formed, granulations spring up, and these granulations form one mass with the surrounding soft parts, so that the portion of denuded bone is thus surrounded by a sort of ridge of these granulations. The absorbents gradually eat into the bone, deepening the groove which I have just mentioned, extending it under the dead part of the bone, and, in fact, continuing their process until the dead portion is completely undermined and separated from the living. When this process is complete, the exposed part of the bone is found loose when you touch it, or it becomes loose by the application of a very little force. You easily detach it; and when this dead part comes away you do not find that the surface beneath is rough and hard, like that of bone; on the contrary, when the dead part is separated there remains behind a bed of granulations which have gradually passed from the original groove under the dead part, and completed the separation. There is a mass of soft vascular substance remaining, and the part of the bone which is separated bears evident marks in its appearance of the action of the absorbent vessels which belong to these granulations. If you look at any piece of bone thus detached, you see that it presents a number of irregular rough prominences and depressions, which correspond to the prominences and intervals between the granulations.—This process, then, of the separation of the dead or exfoliated parts from the living portion, is effected by *absorption*. The bony substance is taken up by the absorbents of the granulations, and thus there is an actual vacancy made between the dead and the living parts. Now it has been stated that this process of absorption must be preceded by some softening of the bone that is to be removed. It has been represented, that we cannot suppose that the absorbents are capable of taking up the solid substance of the bone, and of removing it, but that there must necessarily be some solvent juice secreted by which the part that is to be removed is previously reduced to a soft state, so as to fit it for the action of the absorbent vessels. If we look at the surface of a portion of bone thus removed, we cannot see a vestige of such solvent action. We see sharp points and ridges, which show that it must necessarily have been removed without anything like solution taking place. There can, in my opinion, be no doubt that the process is simply that of absorption; and, for my own part, I can see no more difficulty in supposing that absorbents should remove bone than in acknowledging what we all know to be the case, that arteries deposit bone.—That is the nature of the process wherever it occurs; whether it takes place in a part of the long bone, such as the femur, when divided in amputation, or in part of a broad bone, such as those of the cranium.—You will observe, from what I have now stated to you that the separation of the periosteum from a portion of the bone does not necessarily involve the death of that portion. It is true that the principal supply of blood-vessels proceeds from the periosteum; so that if you have the membrane extensively detached, that portion of the bone will die. But the periosteum is not the sole source of the supply of blood to the bones. There are openings which extend into the interior, through which we see that arteries, for the nourishment of the bone, enter, which ramify in the medullary cavity, and there inosculate with small branches that proceed from the periosteum. Thus the partial separation of the periosteum does not involve the death of the bone from which it is separated, be-

cause blood may be conveyed through these nutrient branches.

The TREATMENT, then, of a wound in which the bone is exposed, ought not to be conducted on the supposition that this must necessarily separate or exfoliate—yet this is the principle which, in many instances, has guided the treatment of such wounds. You have been directed to insert various extraneous substances, in order to keep them open, to favour the separation of the bone. What are called *zents*—i. e. pieces of lint, sponge, plugs of various kinds—have been introduced, to prevent the edges of the wound from approximating, and to allow of the separation of the bone, which it has been supposed must necessarily exfoliate. Nay, when a bone has been wounded, various powerful substances, acids, caustics, and so forth, have been applied to the bone, with a view to promote the separation. All these proceedings were upon an erroneous principle; if the bone is to exfoliate, and must be separated, it will find its way out without our taking the trouble to keep the wound open for that purpose. If the bone has actually perished, you cannot hasten its separation from the living part by any application of acid or other strong substances to the dead bone. The only judicious course you can pursue in such a wound, is to unite the soft parts over the bone, and do all in your power to promote their adhesion. In a great number of instances you find that a wound will unite readily, and that no separation whatever of bone will take place.

SPIRIT OF THE MEDICAL PRESS.

OBSERVATIONS ON THE OXIDE OF SILVER.

BY C. H. B. LANE, ESQ.

THE nitrate has been the form in which silver has been mostly employed; we owe it to alchemical research, which, though futile as to its immediate object, has had the beneficial result of affording us numerous powerful weapons wherewith to combat disease. As a local application it is in very general use; it acts chemically as a caustic, and is supposed to possess peculiar stimulant powers in addition, which opinion was originally advanced by Mr. Higginbottom, whose work is, I believe, the only English monograph on the subject which we possess. In the present day there has been some tacit acknowledgement of a contra-stimulant influence, but it is vague and undefined, I do not believe nitrate of silver to possess any stimulant action beyond that connected with its causticity: any destructive process tends to excitement if reaction takes place, and will be indicated by pain, that vigilant sentinel of our corporeal welfare. The action of silver, I consider as directly sedative as that of lead, only differently evinced. While the primary sedative action of lead is on the nerves of animal life, perhaps that of silver is in special relation to those of organic life, by which the capillary circulation is believed to be governed—this refers to the primary effect, for once the constitution affected, the sedative impression is conveyed to the nervous centres, and the further results may be varied. We will take a case of morbid vascular action occurring in a cutaneous surface, with a view to contrast the respective therapeutic action of lead and silver. We find the application of acetate of lead attended by diminution of sensation, and if the surface be at all abraded, some degree of pain may ensue from the contact of the foreign body, as also from the stimulation of the free acetic acid. The continued application of the lead may annihilate the sensation of the part, and that safeguard of the surface being destroyed, organic life is but too readily arrested, an evil to be carefully avoided. Suppose, on the other hand, we apply the nitrate of silver to what is termed an inflamed surface. It acts primarily as a caustic, becoming decomposed and combining with albumen, first as a chloride, and subsequently as an oxide, consti-

tuting a foreign body which protects the surface from external impressions, a mechanical effect well described by Higginbottom; and this process is attended with more or less pain in proportion to the liability of the surface to impression either from abrasion or excited sensibility; slight organic action even may ensue, causing serous effusion. The excitement, however, generally quickly disappears, and a distinct therapeutic action is evinced. The morbid state, whether demonstrated in increased capillary circulation, secretion, or absorption, subsides; when the affection is local it is often quickly subdued. In the incipient stage of anthrax there is no local application which equals nitrate of silver in efficacy; in several cases where freely applied, I have seen it arrest the local mischief which there was every reason to suppose would have otherwise gone through the tedious process of sloughing, suppuration, and ulceration, and this was what induced me first to suspect more than mere stimulation took place. Looking at the medicinal influence of nitrate of silver in erysipelas, and various forms of ulcer, in which the existence of excitement to a greater or less extent cannot be denied, I think we shall be still further inclined to lay aside the theory of mere stimulation.—The previous causticity of the lunar caustic is most advantageous in many cases, as for example, in the application to chancres and in chronic ophthalmia, where the destruction of morbid growth is desirable before there can be any susceptibility of sedative impression. There appears but little doubt that the application of nitrate of silver to syphilitic sores, if adopted while the affection is yet local, may preclude the necessity of constitutional remedies by destroying the centre of morbid action. Yet, on the other hand, the production of the sedative effect alone is often more advantageous, for where the organization is weak, the primary destructive causticity is badly borne, though, despite that inconvenience, nothing has been hitherto substituted which will as completely answer the purpose as lunar caustic carefully applied.—The question now is—can the caustic stimulation be avoided, and a simple sedative action be instituted through the agency of silver?—To this I would reply in the affirmative! I would recommend the substitution of the oxide for the nitrate, which stands in the same relation thereto as the oxides of antimony and mercury do to tartar emetic, and corrosive sublimate respectively. Thus we shall have a mild and manageable preparation—entirely devoid of causticity, which my brief experience leads me to hope will be found of high utility both as a local and internal medicament.—I have applied an ointment of oxide of silver with decided effect in the various stages of gonorrhœa, and with but little inconvenience, beyond what might be fairly attributed to the mere mechanical irritation of the bougie. Over the nitrate it has the great advantage of not producing the caustic irritation by which, at the same time that the morbid secretion may be arrested by a process resembling tanning of the urethral lining membrane, there is considerable additional probability that metastasis of the irritation will ensue. The application of the oxide of silver, on the other hand, may be resorted to so as gradually to subdue the disease. I would not, however, by any means recommend its employment during the very acute stage while much constitutional irritation exists, and, subsequently, only as an auxiliary to the usual medicinal treatment. In chancres, I am convinced that I have seen the most beneficial results attend the application of the ointment. I have often found the sanative effect surprisingly accelerated after the failure of other remedies, and its use is not

attended with pain. It is the oxide of silver which exists in Mr. Guthrie's black ointment, named by some "*infernal*," though far from violent in its action, and I believe available to a much greater extent than usually supposed. His formula consists of ten grains of nitrate of silver, fifteen drops of solution of lead, and a drachm of lard. The oxidization is effected by trituration and exposure to the atmosphere and light. A much readier mode of preparing it is from the oxide itself. The lead promotes sedative action, but is not essential to it.—We will now turn to the internal administration of silver. The use of the nitrate has been strongly recommended by many in nervous diseases of all kinds, and also in gastric affections, which are especially states of excitement, though of course constitutional debility may exist, as is often the case. With the strong conviction of the powerful sedative influence of silver used externally, I could not doubt that the result of its internal administration would correspond from analogy with lead, of which the powerful influence over the nervous centres is indisputable. With respect to the nitrate, the risk of cutaneous discolouration has always been a great objection to persistence in its use, when it was deemed requisite for any lengthened period. Now the nitrate is a soluble salt, which is changed by the free hydrochloric acid of the gastric juice into a chloride: this is taken into the circulation, and when conveyed to the cutaneous surface is converted by its strong affinity for albumen, and by the action of light into an oxide, which, however, cannot apparently permeate the capillaries, or we might expect it to be removed at a future period, as is the bile in jaundice. The oxide of silver, however, remains indelibly fixed; nor am I aware of any recorded instance of its perfect re-absorption. Again, the nitrate cannot be administered freely on account of its causticity, so that a full sedative impression is not obtained, perhaps even when the mischief of discolouration is done. I think I have fair reason to expect that the above evils would be avoided by substituting the oxide for the nitrate of silver. The transmutation of the salt in the cutaneous surface would then be anticipated, and its transmission thereto prevented; for as I just remarked, the cutaneous capillaries do not appear permeable to the oxide. We should, by freer administration, more readily impart the sedative impression through the medium of the nerves of the stomach, like that of other medicines of the same class. It was suggested to me that the oxide would probably be decomposed by the free acid of the gastric juice; but, from experiments I have made, I do not anticipate such a result. Experience alone can test the truth of the theory—to that I appeal, and by it am willing to abide. If it be successful, I shall have the satisfaction of adding to our store a therapeutic agent of peculiar utility.—The readiest mode of preparing the oxide of silver is by acting on the nitrate with potassa; we may remark that the grey nitrate of silver contains some portion of the oxide. The admixture of two drachms of the hydrate of potass with half an ounce of nitrate of silver will yield about three drachms of the substance in question. Its internal administration may generally commence in the dose of half a grain. I have not carried it beyond six grains in the twenty-four hours. I have used the ointment of oxide of silver with the proportion of from five to ten grains to the drachm of lard.—Mr. Lane then gives thirty cases in which the remedy was employed, with various degrees of success.—*From the Extra-limites in Dr. Johnson's Review.*

MEDICAL REFORM.

It is the distinguishing characteristic of the medical profession, as it is constituted in these realms, that no security is afforded to the profession itself, nor the public at large, by the proper qualifying of those who practise it, and proper protection against those who have no qualifications whatsoever. It becomes, therefore, a matter of considerable moment to draw the attention of the profession at large to a sense of its proper condition, and to the necessity of Medical Reform,—reform not only of our medical institutions, but reform of the profession itself.

We are aware that the opinions of the profession and public are very much divided concerning the policy of exposing abuses in the profession and its institutions. Some urge that it brings contempt and suspicion upon the whole profession at large, good and bad, as Molière's *Médecin malgré lui* brought perpetual ridicule upon the followers of medicine in France. Some portion of the public even consider the side of the knaves and quacks to be the strongest, and though they do not openly defend them, think to serve their own interests and popularity by shielding it with half defences, plausible excuses, sophistications, and false principles. Some deprecate the denouncing of abuses upon considerations relative to our own interests, conceiving that things which cannot be defended in the abstract, may, nevertheless, so far concur with the public taste, and be consecrated by time and habit, that no man may dare to attack them openly and earnestly with impunity. The perpetrators of abuses, they say, after being suffered to pass unnoticed for a length of time, acquire so much influence over public opinion, and so effectually mystify and corrupt it, that their maxims and conduct come to be looked upon as part of the established order of things, and every innovation is regarded as the act of "a violent and troublesome character," or "disturber of the public peace," "an innovator on the wisdom of our ancestors and the customs of the country." So great is the perversion and prejudice of human nature! They also add, that every effort which has been made to effect a medical reform has failed, because it has not succeeded in rousing the legally constituted bodies at the head of the profession to adopt practical steps for the amelioration and improvement of the profession; that it has added to the power and success of irregulars, knaves, and quacks, by augmenting their general and individual notoriety; that the subject has been forced upon the country till the people are tired of listening to it; that the *great* body of the profession are men who prosper by abuses, and that it has proved impossible to agitate or concentrate them to any good purpose. The "in statu quo" men, the old orthodox mad-bull bellowers of "Reform means Revolution," and the sticklers for the "ancient and venerable," think of nothing in their hearts but what they call their vested rights, that is, their own ascendancy and exclusiveness, and their own corrupt gain, direct and indirect, to the sacrifice of the general interests of the profession and public. They are just such men as occupied the old French medical corporations and university schools, and uphold just such another system in England as prevailed in France, until the fall of those bodies for ever in 1793. Did it work well there?

If these timid and cautious reasonings be true; if all these obstacles must for ever weigh; if the undertaking to effect medical reform be considered as merely the rash plunge of an Horatius Cocles, with more of the feeling of a disinterested innovator than of the man of

cold and calculating prudence,—there are, notwithstanding, some solid grounds for the proceeding, from the partial success which has attended some efforts to procure improvement on a small scale within these last ten years; from the number of good and great names who now sanction medical reform; and from the plea, not of expediency, but of absolute necessity, which calls for a further change to prevent the absolute ruin of the profession. The man in Goldsmith's 'Citizen of the World,' who had a reforming son, took him to his closet, and, showing him the author of Christianity crucified, with more wisdom than piety, added this warning—"See there the fate of a reformer!" But in these times, truth, light, reason, justice, advance in spite of darkness, prejudice, bigotry, and selfishness, and all we want is union and energy to effect improvement, and defend ourselves individually against the enemies of all improvement,—the strong, the exclusive, and the selfish.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.
Lat. 51° 37' 44" North, Long. 34° 45' West.)

WEATHER.	WIND.	RAIN.		BAROMETER.		THERMOMETER.		JUNE.
		Ins.	Dels.	Highest.	Lowest.	Highest.	Lowest.	
Cloudy.	N.W.			29.996	30.020	51	74	23
Cloudy.	W.			29.992	30.014	49	81	29
Overcast—light rain.	W.	.08		29.980	29.992	46	65	30
Cloudy—rainy night.	W.	.19		29.750	29.924	55	64	JULY. 1
Showery, with wind.	W.	.08		29.545	29.680	53	65	2
Cloudy, with wind.	W.			29.450	29.532	49	62	3
Mist.	N.W.			29.734	29.500	53	65	4
				29.721	29.537	51	68	Mean

OBSERVATIONS FOR JUNE.

Barometer—Highest	30.150
Lowest	29.592
Range	.558
Mean	29.871
Do. Monthly	29.927
Corrected	29.974
Rain	1.310
Thermometer—Highest	91°
Lowest	48
Range	53
Mean	63

Wind—N.	NE.	E.	S.E.	S.	S.W.	W.	N.W.	Var.	Days.
—	—	—	—	1,	2,	16,	9,	2,	20.

W. JACKSON.

The DUBLIN APOTHECARIES who have so long enjoyed a monopoly equally odious with that vested in the Rhubarb Hall "dealers in pepper," Blackfriars, will at length be brought to their senses. On Tuesday evening, in the House of Commons, Mr. Warburton obtained leave to bring in a Bill "to suspend certain proceedings at law of the Company of Apothecaries' Hall, Dublin, against certain practitioners.

DETACHED FACTS.

Recovery from Asphyxia effected by persevering treatment.—In this case no sign of returning life appeared until the treatment had been continued for four hours and a half, and the only circumstance which afforded a hope that life was not irrecoverably gone, was a scarcely perceptible expiration from time to time, yet without visible movement of the thorax, or inspiration; to which may be added, that the limbs, with the exception of the left arm, were not rigid. The man had fallen into a well, where he had remained thirteen hours in an erect position, with the water up to the axilla, being supported in some manner not clearly narrated, nor is it stated whether he was sensible when taken out, the affirmative of which might be inferred from the expression, "*Des passans l'ayant secourue*;" but when the medical practitioner was sent for, he found the patient without any sign of life; the body was cold and of cadaveric hue; the sphincter anus was relaxed; the eyes fixed, pupils dilated, and the iris insensible to the strongest light. The slight expiration at intervals, as before mentioned, led to a presumption that the cerebral organs had been paralyzed by cold, and that a congestion of the internal blood-vessels existed. A vein was opened, but no blood flowed; the body was rubbed with hot infusion of mustard; glysters of vinegar were administered, and spirit of wine was inflamed on the region of the heart. After persevering for four hours and a half, auscultation detected a feeble pulsation in the heart, which soon extended to the radial artery. Inspiration followed, and blood, for the first time, flowed from the opened vein. At length convulsions and furious delirium supervened, with continual vociferations and attempts to bite. Much blood flowed from the vein. On the following day fever came on, which required copious bleeding and other antiphlogistics, and it was not until after several weeks that the man was completely restored.

A TABLE OF MORTALITY FOR THE METROPOLIS.

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 27th June, 1840:—

Epidemic, endemic, and contagious diseases	167
Diseases of the brain, nerves, and senses	157
Diseases of the lungs, and other organs of respiration	224
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	53
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	5
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	2
Diseases of uncertain seat	110
Old age, or natural decay	48
Violent deaths	28
Causes not specified	2

Deaths from all causes..... 824

On Tuesday, in the House of Commons, Mr. William Roche presented a petition from the medical practitioners of Limerick, praying that proper remuneration might be awarded them for professional attendance in courts of justice.

Dr. Headlam and Dr. Smith have resigned the office of physicians to the Newcastle Infirmary.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

The Analysis and Medical Properties of the Tepid Springs of Buxton. By Sir Charles Scudamore, M.D., F.R.S. Third Edition. Churchill. Pp. 78.

A Letter to Dr. Chambers, F.R.S., on the Nature and Treatment of Gout. By Sir Charles Scudamore, M.D., F.R.S. Longman. Pp. 59.

The Eye. By W. Jeaffreson. Renshaw. Pp. 31.

On Preservation of the Teeth. By J. Gray, M.R.C.S.

Vital Dynamics: The Hunterian Oration before the Royal College of Surgeons in London, 1840. By J. H. Green, F.R.S., late Professor of Anatomy and Surgery to the College; one of the Surgeons to St. Thomas's Hospital. Pickering. Pp. 135.

RECEIVED.—A. B.

E. B. N.—*Perhaps Dr. Hope of St. George's.*

STUDENT.—*There are ninety-five colleges in the United States, containing about 9,500 students, and twenty-seven medical schools, with about 2,800 students.*

A COUNTRY PRACTITIONER.—*The Lord Advocate said that it was intended to introduce a Vaccination Bill for Scotland, similar to that for England.*

SURREY should apply to any respectable surgeon.

A MEDICAL STUDENT.—*The discreditable tricks of the "chemist" alluded to, offer another proof of the necessity for a reform, which would prevent such dishonest proceedings.*

The friend who forwarded the questions has our thanks.

MR. RICKETTS does us an injustice. *The reason was, that no accounts whatever are opened. We began by adopting a different plan, but soon found that our enormous circulation would render a dozen clerks requisite to keep subscribers' accounts, and were therefore constrained to make a rule, to open no accounts whatever.*

The Medical and Surgical Association for Shropshire and North Wales, held its anniversary on the Thursday. The attendance was numerous, including, as visitors, Dr. Jeffreys, of Liverpool, and Dr. Hastings, of this city.

K.—*Our Irish friends shall have no cause of complaint; we shall be glad to hear from any correspondent upon the subject of Sir R. Ferguson's mischievous proposition.*

DELTA.—*The journals shall be forwarded. Further reply in our next.*

A. B.—*It is certainly to be regretted that so many 'handle a billiard cue in place of a scalpel, and walk through fashionable lounges in preference to hospital wards.'—It is true "the voice of many a bereaved family calls loudly for reform in medical education—that suffering humanity demands a change being made."—But we disagree somewhat from our correspondent, as to the origin of the evils, and as to the point where the amelioration must begin. It is in the present imperfect constitution of the medical corporations that the mischief has root—and from a complete medical reformation alone can the advent of better things be anticipated.*

CONSTANT READER.—*Ammonia.*

M.R.C.S.—*The Report of the Lyons Hospital is the only one we have at hand, and that gives the following on "Statistics of Insanity in France." During the last eight years 1045 insane patients were received into the hospital. Of these, 503 were males, and 542 females. The various causes of insanity, amongst the female patients, were as follows:—Females, 542,—Physical,—Hereditary disposition, 56; drunkenness and debauchery, 43; puerperal accidents, 45; disordered menstruation, 25; venereal disease, or mercury, 5; retrocession of cutaneous affections, 23; onanism, 17; injuries of the head, 3; solitary confinement (isolation,) 6.—Moral.—Domestic afflictions, 65; poverty, 47; loss of fortune, 31; love and jealousy, 33; fright, 8; religion, 29; politics, 11.*

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THE MEDICAL TIMES.

NEW LAW ON VACCINATION—INOCULATION
PUNISHABLE BY IMPRISONMENT.

ON Monday last, the 6th of July, the Vaccination Extension Bill was read a third time and passed. It is now the law of the land, and as it most materially affects every medical man in England, Wales, and Ireland, and as a somewhat similar statute is intended to be introduced for Scotland, we lose no time in placing it *verbatim* before our readers. We fear that the profession will find cause for regret in some of its provisions, but all must rejoice that something—although by objectionable means—has been done to extend the benefits of Jenner's discovery, and for arresting that scourge of humanity, Small-pox.

"A Bill, [as amended by the Committee, and on Report,] intitled, 'An Act to extend the Practice of Vaccination.'

"WHEREAS it is expedient to extend the Practice of Vaccination: BE IT THEREFORE ENACTED, by the Queen's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, That from and after the passing of this Act, it shall be lawful for the Guardians of every Parish or Union, and for the Overseers of every Parish in which relief to the Poor shall not be administered by Guardians, in England and Wales, and they are hereby directed, to contract with the Medical Officers of their several Unions or Parishes respectively, or with any legally qualified Medical Practitioner or Practitioners, for the Vaccination of all persons resident in such Unions or Parishes respectively: Provided always, That it shall be a condition of every such contract, that the amount of the remuneration to be received under the same shall depend on the number of persons, who not having been previously successfully vaccinated, shall be successfully vaccinated by such Medical Officers or Practitioners respectively so contracting.

"And be it further Enacted, That in making such arrangements as may be required for the

execution of this Act, such Guardians and Overseers, and all other Officers engaged in the administration of the Laws for the relief of the Poor, shall conform to the regulations which may from time to time be issued by the Poor-Law Commissioners in that behalf, which regulations the said Commissioners are hereby authorized and required to make and issue.

"And be it further Enacted, That such Medical Officers or Practitioners shall make a Report to such Guardians or Overseers from time to time of the number of persons successfully vaccinated by them respectively, and shall make such further Report with respect to the persons so vaccinated, as such Guardians and Overseers under the direction of the Poor-Law Commissioners shall require.

"And be it Enacted, That such Guardians or Overseers shall forthwith, after the conclusion of any such Contract as before mentioned, transmit a Copy thereof to the Poor-Law Commissioners.

"And be it Enacted, That if such Commissioners shall not annul such Contract within Fourteen Days from the receipt thereof, such Contract shall thenceforth not be liable to be annulled by such Commissioners.

"And be it further Enacted, That as soon as may be after the passing of this Act the Guardians of every Poor-Law Union in Ireland shall (subject to the approbation of the Poor-Law Commissioners) divide such Union into Districts of convenient extent, and may alter the same from time to time, subject to the like approbation, and shall (subject to such approbation as aforesaid) contract with competent Medical Practitioners for the period of One Year, and so from year to year as such Contract may expire, for the Vaccination of all persons who may come to such Medical Persons for that purpose.

"And be it further Enacted, That all the provisions hereinbefore made with respect to England and Wales for the appointment and giving due notice of the appointment of the places and times at which such Medical Officers or Medical Practitioners shall attend to vaccinate such persons, and for the making of reports by such Medical Officers or Medical Practitioners, shall apply to all such Contracts as may be made under this Act by the Guardians of any Poor-Law Union in Ireland; and such Guardians, and all other Officers engaged in the administration of Relief to the destitute Poor, shall conform to the regulations and instructions of the Poor-Law Commissioners, in like manner as is hereinbefore directed with respect to Guardians, Overseers, and other Officers in England and Wales.

"And be it further Enacted, That any person who shall from and after the passing of this Act produce or attempt to produce in any person, by inoculation with variolous matter, or by wilful exposure to variolous matter, or to any matter, article, or thing impregnated with variolous matter, or wilfully, by any other means whatsoever, produce the disease of Small-Pox in any person in England, Wales, or Ireland, shall be guilty of a Misdemeanor, and shall be liable to be proceeded against and convicted summarily before any Two or more Justices of the Peace in Petty Sessions assembled; and for every such offence shall upon conviction be imprisoned in the common gaol or house of correction for any term not exceeding Three Months.

"And be it further Enacted, That every word in such part of this Act as refers to England and Wales shall be interpreted in like manner as such word is directed to be interpreted in an Act passed in the fourth and fifth year of his late Majesty King William the Fourth. intitled, 'An Act for the Amendment and better Administration of the Laws relating to the Poor

in England and Wales; and that every word used in such part of this Act as relates to Ireland shall be interpreted in like manner as such word is directed to be interpreted in an Act passed in the first and second year of the reign of Her present Majesty, intituled, 'An Act for the more effectual Relief of the destitute Poor in Ireland.'"

ANOTHER POSTPONEMENT.

TUESDAY night last offered another specimen of Warburtonian management, and parliamentary chicanery. It does not surprise us, as we know, and have endeavoured to acquaint our readers with the ways and means of the "Hon. Member for Bridport." It is of course another postponement, another delay,—another step in the do-nothing progress. We quote the *Globe*, for the announcement was kept out of several of the morning papers.

"Mr. Warburton postponed for a fortnight his motion relative to Medical Reform."

The session most likely will not last more than three weeks, and therefore the Honourable Member will gain his point, and render it a matter of impossibility for anything to be done this session.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE—FIRST EXAMINATION,—MONDAY, JULY 6th, 1840.

ANATOMY AND PHYSIOLOGY.

Examiners, MR. KIERNAN and DR. SHARPEY.

Morning, 10 to 1.

1. Describe briefly the form and structure of the sacrum, its articulations with the neighbouring bones, and its mode of ossification; name the muscles to which it gives attachment.

2. What motions take place in the following joints, and to what classes of joints do they respectively belong? 1st. The articulation of the bones of the fore-arm with those of the carpus. 2nd. Of the carpal bones with each other, and with the metacarpal bones. 3rd. Of the metacarpal bones with the phalanges. 4th. Of the phalanges with each other. Enumerate the muscles of the fore-arm and hand, classifying them according to their actions; and mention the order in which the tendons are placed round the wrist-joint, commencing with the flexor carpi ulnaris, and proceeding outwards.

3. Describe the parts seen on the surface of a transverse section of the thigh about its middle, and their relative positions. Mention the names of the vessels which usually require ligature, and the situations in which they are to be found.

4. The integuments being removed for a handbreadth above, and to the same extent below the occipital protuberance, and as far forward as the anterior edge of the mastoid process; describe the muscles, blood-vessels, and nerves thus brought into view, with their relative position.

5. Describe the dissection required to show the course and distribution of the gluteal and ischiatic arteries, commencing at the integuments of the gluteal region, mentioning the parts cut through or exposed in the order they are met with, and describing the arteries and their branches, with their relations to the adjacent parts.

6. State the leading facts which serve as proofs of the circulation of the blood.

AFTERNOON, 3 to 6.

1. Describe the parts met with in the successive stages of the dissection of the inguinal region. Describe the inguinal canal, and its contents in the male, and in the female, and the alterations occasioned in the canal by hernia. How is the crinaster formed, how are its fibres arranged, and what varieties does it present? What is contained in the canal prior to the descent of the testis, at what period does the descent take place, and what changes take place in the canal after the descent? How is congenital hernia formed, and in what respect does it differ from the ordinary form of external inguinal hernia?

2. Describe the parts met with in dissecting, from the integuments to the median plane of the tongue, that space which is bounded above by the lower jaw, below by the os hyoides, anteriorly by the median line, and posteriorly by the pharynx.

3. Describe the structure of a lymphatic gland. What has been ascertained as to the mode of origin of the lymphatic vessels?

4. What is seen on the surface of a vertical section carried through the cerebrum, cerebellum, tuber annulare, and medulla oblongata in the median plane?

5. Name the nerves distributed in whole or in part to the following muscles, viz., sternothyroideus, deltoideus, pectoralis major, serratus magnus, trapezius, coraco-brachialis, gluteus maximus.

6. Describe the course and distribution of the laryngeal nerves, and state what is ascertained respecting their functions.

7. Mention the differences in structure between the circulating organs of the foetus (at birth) and those of the adult.

TUESDAY, JULY 7th.—MORNING, 10 to 1.

CHEMISTRY.

Examiner, PROFESSOR DANIELL.

By Experiment.

THE solutions of two salts will be placed before you, marked A and B, with appropriate tests labelled: apply the tests, describe the phenomena which take place, and explain the constitution of each salt.

1. In what does the boiling of a liquid essentially consist; and how is the temperature of a liquid connected with its boiling?

2. According to Dulong and Petit the boiling point of mercury is 360 degrees centigrade: to what degree of Fahrenheit's scale does this correspond?

3. Take two similar thermometers, and, on a calm, clear night, place one of them on wool fully exposed to the aspect of the sky; place the other similarly on wool under the cover of a tree;—what would you expect them to indicate after the lapse of a short time? and to what cause would you ascribe the effect?

4. I have measured 21.5 cubic inches of a gas standing over mercury; the level of the mercury within the jar is half an inch higher than without; the height of the barometer is 29.74 inches, and the temperature 52 degrees Fahr.;—what is the correct volume at standard pressure and temperature?

5. State and exemplify the laws of definite and multiple proportions.

6. What is meant by the statement that 40 parts by weight of potassium are equivalent to 8 parts of oxygen and 16 of sulphur; and how would you illustrate the meaning by the constitution of sulphate of potassa?

7. Describe the constitution, mode of production, and principal properties of ammonia.

8. Describe the constitution of nitrate of ammonia, and explain by symbols, and by a diagram relating to volumes, the changes which

it undergoes upon being exposed to a temperature a little above its melting point.

MATERIA MEDICA AND PHARMACY.

Examiner, MR. PEREIRA.

Afternoon, 3 to 6.

1. Describe the usual mode of procuring sulphuric ether. Explain the chemical changes which take place during the process. State the atomic composition of alcohol and ether.

2. Give a botanical description of *digitalis purpurea*, especially describing the leaves and flowers. State to what class and order, in the sexual system of Linnæus, this plant belongs, and what is its natural order. Describe its effects and uses, point out the cautions to be exercised in the employment of it, and mention the dose of its powder, its infusion, and its tincture.

3. State for what particular cases the most frequently employed cathartics are respectively adapted or unsuited, and why. Mention what are the appropriate purgatives for febrile complaints, alvine obstruction with great irritability of stomach, inflammation of the urinary organs, and sluggishness of the colon; and what purgatives are improper in diseases of the rectum, in uterine irritation, and after operations about the pelvis and abdomen.

4. With what substances is scammony usually adulterated, and how is their presence to be demonstrated? What are the physical and chemical characters by which the goodness of *elaterium* is ascertained? How would you proceed to detect the presence of tartaric acid in suspected powder of citric acid? By what physical characters are the leaves of *cynanchum argel* found in Alexandrian senna, distinguished from the *cassia* leaflets?

5. Describe the effects, both of medicinal and poisonous doses, of opium; and point out the peculiarities of its narcotic operation. Mention the appropriate remedies in poisoning by this substance.

6. What are the best disinfecting processes for the sick chamber, and for uninhabited buildings?

STRUCTURAL BOTANY AND VEGETABLE PHYSIOLOGY.

Examiner, PROFESSOR HENSLOW.

Afternoon, 3 to 6.

1. Explain the terms Axil, Bract, Tendril.

2. Define an Arillus, and mention examples where it occurs.

3. Describe the Cellular-tissue, and its various modifications.

4. Describe the specimens marked

1.

2.

3.

5. Give sketches of the principal forms of Vernations.

6. Explain the structure and functions of Pollen.

7. What is meant by Vegetable Irritability and Sleep; and what are the external stimuli affecting these properties?

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, July 2nd, 1840.—

James Nance, Ashford, Kent.

John Medner Goodwin, London.

Abraham Wolff, London.

William Holme, Kendal, Westmoreland.

William Rhys Williams, Rochester, Kent.

Arthur James, Skrimshire, Northampton.

Oswald Allen Moore, York.

Henry Boxall, London.

REMARKS ON THE "FUNDAMENTAL PRINCIPLES" LAID DOWN BY THE BRITISH MEDICAL ASSOCIATION, AND ON OTHER SUBJECTS RELATING TO MEDICAL REFORM.

To the Editor of the 'Medical Times.'

BEING fully sensible of the interest you take in the success of Medical Reform, I trust I shall not be deemed intrusive on your pages in offering some comments on that all-engrossing subject, and also on the plan propounded by the British Medical Association. With your permission then, and without much preliminary observation, I will proceed to transcribe the two former fundamental principles which have been adopted by the Association.

"That it is expedient and necessary to unite all the legally qualified members of the Medical Profession of the British dominions into one faculty, to be called the British Faculty of Medicine.—That this faculty shall have the power to elect, periodically, by ballot, a governing body to be called the General Medical Senate, consisting of a senate in London, Edinburgh, and Dublin, to be elected by the respective members of the faculty in each country."

I think you will agree with me, that the latter of these resolutions is the most important of the whole series; indeed I consider, that as the skeleton is the groundwork of anatomical knowledge, so is the principle of electing medical senators the skeleton of a new medical constitution; I will endeavour to construct one, and I hope upon correct and just principles. According to the last parliamentary census, the population of Great Britain exceeded 16,000,000. Of this, Scotland was nearly two millions and a half, and Wales under one million; Ireland was under eight millions. It is fair to presume, that according to the population so will be the number of professional men: proceeding on such principles, it will appear clear that Scotland is entitled to the election of a small proportion only, and to grant her the privilege of returning more than her share is manifestly incorrect. I conceive, that by returning senators for counties will be attended with less trouble than that of forming electoral districts, containing an equal number of practitioners, or of population. I commence, then, with the English counties, amounting to forty, and assign to Middlesex, Yorkshire (one for each riding), and Lancashire, the privilege of returning each three members to the general senate, and the eleven next in size to return each two; the remaining twenty-eight to return each one. This would make fifty-nine members for England. Wales contains twelve counties, and according to population would be entitled to return about four members, say one for three counties. Scotland has thirty-three counties, and might with propriety be allowed to return twelve senators, say one for each three counties, and one over to be returned from the division containing the metropolitan county. Ireland contains thirty-two counties, and would be entitled to return one for each county, and in addition one for the metropolitan county, in all thirty-three for Ireland. Thus we should have a total of 108 senators to preside over the Medical Profession of the United Kingdom, and I believe that they would be found to be not more than necessary, and at the same time sufficiently numerous to inspire general confidence. In the next place, I suggest that every member of any of the nineteen bodies in Great Britain and Ireland, (excepting the Irish Apothecary,) as well as those in practice previous to the act of 1815, whether retired or otherwise, shall be entitled to vote personally in the election of senator or senators. It is evident, that on the adoption of this plan England and Wales would have to add three members to the Dublin senate for uniformity and

local purposes (though the same might continue to reside in England), and twenty-four to the Edinburgh senate. The election should take place every five years, and the elected be authorized to act for a period of ten years, excepting those chosen at the first election, when, at the expiration of the first five years, half the members for localities primarily specified shall be continued in authority five years longer, and the remainder go out to make way for re-election, or the election of fifty-four in their places; and that in case of death of any senator or senators, the required number be made up at every succeeding quinquennial period, having regard to the serving in office for ten years by each member, elected so that more than half, half, or less, be elected as occasion may require to make up the number. The places returning members on alternate five years, or every ten years, to be specified by Act of Parliament. No other election to take place during the period of five years, and the elections to continue not longer than part of a day. I have proposed the above scheme of election, as I think it desirable that there should always be in office a proportion of members well acquainted with routine business. For the convenience of the voter it may be advisable that every city or market-town in each county of the three kingdoms should furnish one or more receptacles for the names of gentlemen balloted for. I am decidedly impressed with the belief that 108 gentlemen so elected, with power to regulate the whole profession, must feel themselves more highly honoured, and in a more dignified situation, than in being nominated by others non-medical; their proceedings would also be conducted openly, and subject to scrutiny; and I cannot conceive how measures emanating from them could be hostile to the public interests, and it remains for those who raise such objections to show in what manner. The 3d and 4th fundamental principles are as follows:—

"That these national senates (of England, Scotland, and Ireland) elected as aforesaid, shall each be subject to the same regulations, and that their members, or a part of them, shall meet from time to time to consult together and act unitedly as the General Medical Senate, in framing and administering all necessary laws for the government and protection of the faculty. That the General Medical Senate so constituted shall alone have power and authority to frame, adopt, and promulgate all necessary by-laws for, 1st, regulating the said faculty; 2dly, defending the respective rights and privileges of the members; 3dly, superintending the medical police of the country; 4thly, advising her Majesty's Government on all subjects connected with the public health."

Now I humbly submit that it is most advisable to look to the cardinal points for legislation, and so soon as the profession becomes represented, we can address ourselves to our superiors on subjects of minor importance. It would certainly be improper to ask her Majesty's Government to seek advice in the representative council though sanguine might be the wish of the profession that they should do so, but there is no doubt that in cases of necessity they would apply to head-quarters. It is desirable that the members of the senate as well as other parties should not *à priori* be fettered with unnecessary stipulations; and with respect to the framing of by-laws, or any other performance whatever in which the most scrupulous should apprehend that the interest of the public would be disregarded, a power might be vested in the Lord Chancellors of England and Ireland, and the first law-officer in Scotland, to sanction and confirm what may be necessary. Under the foregoing fundamental principles, the subjects of quackery, of patent medicines, medical charities, *cum multis aliis* present themselves for consideration; it is, however, unnecessary to dilate

upon them here. The 5th, 6th, 7th, and 8th, fundamental principles are the following:—

"That the members of councils or boards of the several existing medical corporate bodies in England, Scotland, and Ireland, shall be invited to take part in the preliminary steps towards the formation of the first General Medical Senate. That all future candidates for practice in the healing art shall be examined by a board, elected under such regulations as the general senate shall enact for that purpose. That a uniform high qualification, the result of an extended course of preliminary and professional education, shall be required of all the candidates, to be tested by one or more public examinations—theoretical and practical. That all persons examined and recognised by the senates, and admitted as members of the faculty, shall receive the same title or denomination, enjoy equal rights and privileges, and alone have the power to exercise all or any of the branches of the healing art in any part of the British dominions, subject to such regulations as may or shall be established by the General Senate for the interest, welfare, and respectability of the profession."

There can be no doubt, that on the establishment of a tripartite faculty the existing medical corporate bodies of the United Kingdom would be placed in a situation actually mischievous: many of the members would most probably be elected to the new representative council whilst others would be divested of office which had been conferred upon them from feelings of personal regard, and not on the score of merit—a practice equally disadvantageous to the public and the profession, consequently no individual hardship could be stated to have been sustained by any corporation. However this may be, it is not to be supposed that any body of men can claim a vested interest in the accumulation of property belonging to others, or expect to perpetuate a system, alike opposed to the interests of science and humanity, nor do I believe they will. In an affair of such magnitude, and with national benefits in prospect, how incumbent is it upon every member of the profession, from the highest to the lowest, to lay aside all selfish and interested feelings, and act *pro bono publico* under a new construction of the profession; it may be expected that the monies and other property now in trust of the various corporations would be placed to the use of the general senate, and become a general medical fund. I will suppose a transfer of means to have been made and found sufficient to defray all necessary expenses, as well as those contracted in the fulfilment of the duties of the senatorial office; it should be made incumbent upon the ruling party to give an annual statement of receipts and disbursements. On the contrary, a scarcity existing, it is to be expected that the feeling of the profession would be opposed to the application to parliament for an advance of money; it would be better that the senate should have the power to levy a tax, and I for one will cheerfully contribute my mite; this should, however, be limited. A general medical fund being available, I conceive that the general senate would do well to depute the power of electing examiners to the respective senates, and that uniform proceedings be adopted by them all. The examiners would very properly be twelve in number, and members of the senate or otherwise, and I agree with those who are of opinion that they ought not to be instructors of pupils qualifying for examination. Moreover it is absolutely necessary that they be handsomely remunerated for their services, and no fees be accepted from the students for their examination, which should be conducted before the professional public, if any such were disposed to attend. In addition to the appointment of examiners each senate would perhaps appoint a professor of each branch of medical science to their respective senates from amongst themselves, or

elsewhere, and this would make uniformity. Payment to professor or senator would not be absolutely required, nor unless the funds should be in a flourishing condition, ought they to receive remuneration for services; when such period arrives, a senator might be paid £1000 per annum; an examiner as soon as appointed, and under any circumstances, ought to receive £750 per annum; and a professor £500. It would also, I conceive, be desirable to place all endowed professorships in each division of the United Kingdom at the disposal of the respective senates; and all parliamentary grants to such might cease in time, and the professorship also, if solely dependent upon such grant, at the same time having regard to the interest of the present gentlemen in office, so that they may not be in the least degree affected. With respect to education, I have only to observe that as the present system of apprenticeship will most probably be relinquished, and the pupil allowed free opportunities for availing himself of information, I believe that a candidate will be fairly admissible to an examination so soon as he shall have completed his twentieth year, though, I apprehend, few will offer so early. As to a uniform high qualification, this subject will, I trust, not come under consideration of parliament, but be left, like many more, to the wisdom of the general senate. I may, perhaps, be allowed to observe, that too many, as well as myself, think there will not be the least objection to a higher distinction being conferred on parties disposed to give evidence of superior attainments, in which case some term, such as Fellow, may be given, in addition to that of the legal one M.D. The candidate for this ought to be, at least thirty-five years of age, and, in addition to the Latin language, should possess a knowledge of Greek, French, and German, with superior professional proficiency, and a knowledge of the collateral sciences; consequently this would stamp him as a consultant. No high degree in the healing art ought to be conferred upon a man, according to the custom of the present day, when just arrived at age, and thereby pronounced a consultant without having had practical experience, as such is in itself mischievous, and subjects the possessor to be unpleasantly treated by practical men.—I may now cite the 9th Resolution:—

“That no member of the British faculty of medicine shall be permitted to sell drugs, or to compound medicines, unless prescribed by himself or by others in consultation with him, and for his own patient or patients, except in rural districts, and by special licence from the senates.”

I consider this resolution to be wrong in principle; for why should a professional man be debarred from dealing in drugs, if it be his wish to do so? would it not be considered unfair to tie him out from the pursuit of any other avocations equally objectionable in point of respectability? Besides, professional men have not all the same address to please the higher class of patients, nor the same opportunities by way of connexion for sliding into practice; and it may occur, from a combination of such or similar circumstances, or from bodily accident, that a man shall be driven to make a livelihood in any manner he best can; admitting that it is not so respectable, the pursuer suffers for his own engagements, and, to some extent, leaves the range of private practice to others more fortunate: in addition, no laws ever will be made to ensure complete respectability of the profession; for instance, there always will be those addicted to intoxication, and other species of immorality, infinitely worse than dealing in drugs. On these and other accounts I would efface the foregoing resolution, and allow the practitioner to deal in drugs, and charge for medicines. The 10th in the series I now quote:

“That members of the faculty who may continue to wish to act as general practitioners, and supply their own patients with medicines, shall be authorized to charge for their attendance, in addition to the cost of medicines so supplied.”

The only comment I shall make on this is, that it has been already determined in a court of law that the medical practitioner is entitled to charge for his attendance. Leaving this I arrive at the 11th:—

“That in future all persons purposing to exercise the calling of chemist and druggist, or compounders and sellers of medicine, (to whom the title of apothecary shall henceforth be limited,) shall undergo a suitable examination, before a board appointed by the general senate, and be licensed accordingly, exceptions being made of persons already so engaged.”

Most assuredly every philanthropist will approve of the principle of the foregoing resolution, and, for the purpose of uniformity, it would be well that the appointment of the board (composed of three, or at most six, examiners) should be in the hands of the respective senates, in which case Edinburgh would have an Apothecaries' Hall; and no money should be received for a licence, but the parties be liable to be called upon for the payment of a small annual contribution for the use of the general senate. I am decidedly opposed to the institution of Colleges of Pharmacy, as has been suggested by some. I think such would create the appearance of emulation most unfairly and undeservedly with the medical faculty; and I am confident that this class of persons can have no pretensions to a collegiate education or examination, with few exceptions. It has, however, been stated that these institutions will have the effect of promoting a better knowledge of chemistry; and there is no doubt that the institution of Halls of Pharmacy would have that effect, but I contend that the chemical knowledge of the practitioner in medicine ought to exceed that of the apothecary, and that his mode of education should be such as to place him on a level with the apothecary, in his knowledge of drugs, whilst, in all other branches of medical information, the apothecary will be deficient; so that contrasting the pharmacopolist with the licentiate practitioner, he cannot appear otherwise (and here I mean no disrespect) than that of a subordinate to the profession, and ought not, on any consideration, to be invested with the privilege of the elective franchise. The examination which has been recommended to be made of the chemist and druggist, or future apothecary, will, if effected, be an important change from the present state of affairs, and is calculated to exercise a restraining influence in the sale of poisons, by making the parties to become acquainted with their nature, as well as compelling the prescriber behind the counter to be conversant with the doses of remedies (admitting it to be impracticable to do away with such prescribing); and so not doing harm beyond loss of time to the patient, which alone, however, in several instances, is attended with fatal results, as is well known to every practitioner. I have merely to add, that as the education of the general practitioner will comprise the knowledge of an apothecary, he will be just entitled to all the privileges of the same, in regard to his qualification, without undergoing an examination. Whether or not it may be deemed expedient to call him to contribute to the general senate for his so acting, I do not mean to enter upon. The 12th and last runs thus:—

“That a general and continuous register of all persons who are now legally practising, or who shall in future be legalized to practise the healing art, shall be kept in each of the three kingdoms, under

the direction of their respective senates; as also of those who are now allowed or who shall in future be licensed to act as chemists and druggists, or compounders and sellers of medicine, and that such general register shall be the only great public document to be referred to, in order to establish the legality of any medical practitioner, chemist and druggist, or compounder and seller of medicines.”

I would suggest that the general register intended to be kept of all persons being members of any of the nineteen bodies who now practise as physician, surgeon, general practitioner, or apothecary (Irish), shall state the title or titles of parties, and from whence obtained. Having been prompted to extend my remarks to a considerable length, from the strong desire I have felt to promote the utility and welfare of the profession of which I am an humble member, I now conclude by commending the immensity of the subject to the further consideration of my professional brethren. I am your servant,

CHIRURGUS.

June 18, 1840.

ZOOLOGY OF LOCKLEVEN—FOOD OF FISHES.

[For the 'Medical Times']

It was only of late that Lockleven trout, long noted for their fine flavour and delicacy, were distinctly ascertained to be peculiar in their nature, and so far as known confined exclusively to this lake. It constitutes the *SALMO cæcifer* of Parnell (bearing cæca,—the cæca being more numerous than in any of its congeners). The cæcal appendages vary from seventy to eighty; whereas in the *Salmo fario* they are forty-five or forty-six in number. Tail crescent shaped at all ages, with entire absence of red spots on the body. The tail of the common trout is sinuous, and at length, even at the end, with red spots on the body, and flesh always of a white appearance. In the Lochleven trout, in a healthy state, the flesh is of a delicate pink colour.—In a late Tory trial regarding damage done to the fishings, Dr. Knox of Edinburgh, Professor Fleming of Aberdeen, and James Wilson, Esq., the Editor of the natural history department of the 'Encyclopedia Britannica,' gave evidence, and was to the following effect:—Lochleven has rather shallow, gently sloping banks, generally of gravel or small stones, where innumerable aquatic animals breed. These are of three kinds, constituting the food of the fishes. The first belongs to the molluscous tribes, or shell-fish, of which there are several varieties. The most influential as food, in this lake, according to Dr. Knox, are the *Eutomostroca*, or microscopic shell-fish. And by experiments made on artificial lakes at Beil and Kincardine, the Lochleven trout, when compelled to live on common aquatic insects, as larvæ, beetles, flies, &c., lost their peculiar colour and flavour. The second kind of food is a small crustaceous animal, belonging to the tribe *Gammarus*. This breeds in spring and summer, and in the evenings are sought for by the trout, often within a few inches of the shore. By Mr. Wilson this is considered the most influential food. The third kind of food consists of flies and other insects. The *culicidæ*, or *gnat* tribe, are very abundant, and unlike most other flies are bred in the water, and dwell there continually, undergoing no intermediate inert changes, from the larva to the perfect insect; it eats, moves, and is apparent in the waters from the first.—Its eggs are hatched in myriads on the shore, which give birth to larvæ, which, increasing in size, become the food of trouts. They are of several species, and are most abundant in May. The stone fly, or their larvæ, form the

food of the fish during the winter months. The *Phyganea* are also common, known under the name of ead-bait, or *case-worms*, from their being embedded in small stones, with sand and vegetables. All these aquatic flies are blown in vast quantities on the waters, and are sought for by the fish, which, in breezy weather, seek the windward shores of the Loch. —The Loch is fished with two boats for eight months in the year, and from ten to twenty dozen are taken at a haul; occasionally, in former years, before the late partial drainage of the lake, 150 dozen have been captured. They vary in weight, from half a pound to two pounds; one fine species, the *Charr*, has of late years almost disappeared. Lochleven is now about nine miles in circumference, and the average depth 14½ feet. R. A.

CHEMISTRY, WITH ITS APPLICATIONS.

Adulteration of Vinegar by Mineral Acids—Mode of detecting and of determining the quantity of the latter.—M. LASSAIGNE, who in his *Dictionnaire des Reactifs*, treats of the various sophistications, recommends, when vinegar is suspected of being falsified by sulphuric acid, to evaporate it in a porcelain capsule, to one-eighth of its weight, then to add to the residue five or six times its weight of alcohol, which dissolves the sulphuric acid remaining after the acetic has been distilled away. To the filtered alcohol solution diluted with distilled water, chloride of barium is to be added, which precipitates the sulphate of barytes, whose weight will determine the quantity of acid contained in the vinegar, if the whole has been precipitated.—Where the object is not to ascertain the quantity of mineral acid, its mere presence may be indicated by evaporating a small portion to dryness in a porcelain capsule. At the concluding part of the operation, white, pungent, and dense vapours come off from sulphuric acid. The residue then becomes black, and speedily exhales the odour of sulphurous acid.

Vinegar adulterated with Hydrochloric Acid.—To discover this fraud, distil the liquor, which being effected, if it be pure will afford no precipitate from nitrate of silver, but if hydrochloric acid be present, a flaky precipitate of chloride of silver will be deposited, whose weight will determine the quantity of hydrochloric acid, if all be precipitated.

Vinegar adulterated with Nitric Acid.—This is rarely met with, but may be discovered in three ways: 1st, by the *sulphate of indigotine*, which, by ebullition, would change its colour to yellow; 2nd, by the solution of protosulphate of iron, or of deutoxide of copper in concentrated sulphuric acid. The former added to the liquor containing nitric acid, produces a magnificent colour, varying from *dark purple* to *rose*. The deutoxide of copper produces a *violet* colour of various degrees of intensity. The subsequent addition of water dissipates these colours.—Nitric acid in vinegar may also be detected by saturation with potash, and evaporation to dryness. The salt left behind would be discovered to be nitrate of potash by deflagration, or by the usual tests.

The best mode of operating with solution of protoxide of iron in concentrated sulphuric acid is as follows:—To detect a twenty-four thousandth part of *nitric acid in any liquid*, M. LASSAIGNE says, "Add to a portion of concentrated sulphuric acid, of the density 1.84, the liquor to be tested, which may vary in quantity from a single drop to one-fourth of the sulphuric acid employed. Agitate the mixture and set it aside. When it has cooled, pour into it, drop by drop, a concentrated solution of protosulphate of iron until the rosaceous or purple colour appears.

REVIEWS.

On the Management of Infancy. By A. COMBE, M.D. Macleahan and Stewart.

DR. COMBE is already well known both to the medical and general reader, but his reputation with the one, and his popularity with the other, will undoubtedly be increased by the publication before us. Unlike the majority of volumes produced ostensibly for the profession, but truly for the public, Dr. Combe's instructions on the management of infancy are in the simple yet manly and straight-forward style of a plain-spoken philosophical physician. No affectation of scientific terms or phraseology on the one hand, or ridiculous la-la-babyism on the other. It is just the book that was wanted upon a most important subject, and it may fitly find a place in the library of the practitioner, or the nursery of the parent. We shall justify our encomium by extract, and find space for two in the present number, reserving others for a future occasion.

CAUSES OF MORTALITY IN INFANCY.

NEARLY one half the children born, die under ten years of age!!! Here is unquestionable evidence of the fact, that a great mortality prevails in infancy, even among the most civilized communities, and under what are considered the most favourable circumstances; and the question naturally presents itself, whether this mortality constitutes a necessary part of the arrangement of Divine Providence which man can do nothing to modify; or, on the contrary, proceeds chiefly from secondary causes purposely left, to a considerable extent, under our own control, and which we may partially obviate or render innocuous by making ourselves acquainted with the nature of the infant constitution, and carefully adapting our conduct to the laws or conditions under which its different functions are intended to act? The following considerations will enable the reader to answer the question for himself. If we consult the past history of mankind, there will, I think, be little difficulty in finding the true reply, and proving that the appalling waste of infant life is not a necessary and intentional result of the divine arrangements, but is produced *chiefly*, though not by any means wholly, by our own ignorance and mismanagement, and consequently may be expected to diminish in proportion as our knowledge and treatment improve, or, in other words, in proportion as we shall discover and fulfil the laws which the Creator has established for our guidance and preservation. But as the consequences flowing from this proposition are of great interest and importance in a practical point of view, I shall venture into some detail in its farther elucidation.—If the prevalent destruction of life in early infancy is a part of the established order of nature, and is merely such as may be expected to result from the accidents and vicissitudes inseparable from human existence, it is plain that we shall never be able to diminish it by any exertions of our own, and consequently that it can be of little use to inquire into its causes, or attempt their removal. If, on the other hand, it be true, that ignorance of, and disobedience to the laws of God are the principal sources of the fatality, and we can succeed in impressing that truth on the minds of parents as well as of professional men, our prospects will then be of a far more encouraging kind.—Under the former belief, we must remain inactive, and humbly submit to an infliction from which we cannot hope to escape. Under the latter, on the contrary, it will be impossible for us to rest satisfied without doing our utmost to discover and remove the hitherto neglected sources of danger, and to place every organ of the body, as far as possible, under those conditions which reason and observation shall have proved to be most advantageous for its healthy development and action. Let us now see which of these conclusions is best supported by the evidence within our reach.—If it can be shown that the preservation or destruction of life in infancy is not of invariable extent, but bears a marked and direct relation to the nature of the treatment and

external influences to which the young being is subjected, the question at issue will be solved beyond the possibility of doubt. If the infant mortality be the result of an unalterable dispensation of Providence without respect to good or bad management, we may expect to find it nearly the same in all ages and states of civilization, and bearing no relation whatever to the conduct of others; whereas, if it be chiefly owing to secondary causes, many of which it is in our power to guard against, it will necessarily be found to vary in amount, and in direct relation to the favourable or unfavourable circumstances in which the child is placed, and the good or bad treatment to which it is subjected. Although few of my readers will be at a loss to decide which of these two conclusions is the right one, yet, in order that nothing may be left to uncertainty or conjecture, let us first contemplate the extent to which, in past times, infant life has fallen a sacrifice to ignorance and bad treatment, so that we may afterwards contrast it with the comparatively excellent results of a mode of management of a more enlightened though still far from perfect kind.

IGNORANCE AND MISERY CAUSES OF INFANT MORTALITY.

We have already seen that the *average* mortality among rich and poor is about one in every four and a half before the end of the first year of existence. So directly, however, is infant life influenced by good or bad management, that, about a century ago, the workhouses of London presented the astounding result of TWENTY-THREE deaths in every *twenty-four* infants under the age of one year! For a long time this frightful devastation was allowed to go on as beyond the reach of human remedy. But when at last an improved system of management was adopted, in consequence of a parliamentary inquiry having taken place, the proportion of deaths was speedily reduced from 2,600 to 450 a year. Here, then, was a total of 2,150 instances of loss of life, occurring yearly in a single institution, chargeable, not against any unalterable decrees of Providence, as some are disposed to contend as an excuse for their own negligence, but against the ignorance, indifference, or cruelty of man! And what a lesson of vigilance and inquiry ought not such occurrences to convey, when, even now, with all our boasted improvements, *every tenth infant still perishes within a month of its birth!*—We do not require, indeed, to go so far back as a century ago, for such a deplorable example of the deadly results of ignorance; we may find one equally striking in Mr. Maclean's recent account of his 'Visit to St. Kilda in 1838,' only one year before that in which I write. After remarking that the population of St. Kilda is diminishing rather than increasing, Mr. Maclean states that this unusual result is partly owing to the prevalence of epidemics, but chiefly to the excessive mortality which is at all times going on in infancy. "EIGHT OUT OF EVERY TEN children," he says "die between the eighth and twelfth days of their existence!" On perusing this statement, the reader will naturally be disposed to wonder, what poisonous quality can infect the air or soil of St. Kilda, to cause such a tremendous destruction of life, and will infer that here, at least, there must be some powerfully deleterious influence at work which human means cannot successfully cope with. So far, however, from this being the case, Mr. Maclean expressly states, that "the air of the island is good, and the water excellent;" that "there is no visible defect on the part of Nature;" and that, on the contrary, "the great, if not the only cause is the filth amidst which they live, and the noxious effluvia which pervade their houses." In proof of this, he refers to "the clergyman, who lives exactly as those around him do in every respect, except as regards the condition of his house, and who has a family of four children, the whole of whom are well and healthy;" whereas, according to the average mortality around him, at least three out of the four would have been dead within the first fortnight. When it is added, that the huts of the natives are small, low-roofed, and without windows, and are used during the winter as stores for the collection of manure, which is carefully laid out upon the floor and trodden under

foot till it accumulates to the depth of several feet, the reader will not hesitate to concur in opinion with Mr. Maclean, and admit, that, had the clergyman's children been subjected to the same mismanagement as those of the other islanders, the probability is, that not one of them would have survived; and that, on the other hand, had the children of the islanders been attended to with the same care and good sense as the clergyman's, they might have been equally protected from the inroads of disease and death.

FOREIGN SOCIETIES.

ACADEMY OF SCIENCES.—JUNE 24.

Dextrine.—*Chemical Composition of the Tissue of Vegetables, and on the different states of their aggregation.*—A report on M. PAYER's memoir on this subject was read. The coats of vegetable cells, as is well known, change remarkably as they advance in growth. At first thin, colourless, and transparent, they thicken, become coloured, and are more or less opaque, and the thickening being not uniform, we perceive punctuations, areole, and lines in them, diversely disposed, and separable into layers.—To these structural characters, others may be added that microscopic observation detects, and again those which are brought to light by chemical tests. M. SCHLEIDEN, a distinguished botanist in Germany, in 1838, entered upon this inquiry, but having limited his operations to a few tests, without throwing light upon their mode of action by more complete analysis, he has made deductions from his essays which are evidently inaccurate, as will appear from the more precise results obtained by M. PAYER. Thus, by acting on thin slices of different vegetable tissues, by warm caustic potash, iodine, or sulphuric acid, the German botanist saw that the primitive membrane, forming the most external part of each utricle, remained unaltered. He admits, on the other hand, that under the influence of the alkali, the first deposits on that primitive membrane were changed into fecula, as was discernible by the violet colour produced by iodine, and that a part of these deposits was transformed into a matter which assumed an orange-yellow colour on the contact of iodine. M. SCHLEIDEN admits these changes to be a result of the different alteration of the matters composing the membranes of the utricles by the alkalis, and that those changes are accompanied by disengagement of carbonic acid, which is formed at the expense of the carbon of the tissues.—The experiments of M. PAYER have gone still farther, for they have enabled him to separate, without destroying, the different matters which constitute vegetable membrane, and lead to a different explanation of the facts observed by M. Schleiden.—The first result from these analyses is, that tissues of vegetables, whether phanerogamous or cryptogamous, may be reduced to a thin substance, by the successive dissolution of the different foreign matters deposited either in their cavities, or their membranes. This substance, designated by the term *cellulose*, constitutes the primitive membrane of the utricle, and possesses a composition analogous to starch, from which it differs only by a degree of aggregation capable of resisting the greater number of chemical agents. That matter alone forms the young cells of all the tissues, and exists also in the most advanced stages. It even constitutes the sole matter of many thickened horny perisperms, as those of the dracæna, the date tree, and the cellular texture of the medulla of the cæchinomen. The walls of the utricles, which form the filaments of the Confervæ, the tissue of the mushroom, the leaves of all vegetables, have always the same primitive membrane for their basis; to which is added, a proportion of more carbonized substances, which would considerably modify their composition, if they were not dissolved, as well as the matters contained in the cells, by the repeated action of heated caustic soda, and other solvents.—The identity of composition in cellulose and starch, with the transformation of these two substances into dextrine and sugar, under the influence of the same agents, might lead one to presume, that intermediate states, as to their physical and chemical property, might exist between these two ex-

tremes. In this manner M. PAYER recognised that the cellulose and fecula differed only in a different state of molecular aggregation, which gives to those parts a greater resistance to chemical agents. It results from comparative researches, that the parenchymatous cells, or the ligneous tissue, deprived of the different matters by which they have been encrusted, differ very little by their form and structure from those same parts before this preparation. The same partial thickenings are observed, the same linaments, excepting only that they are formed by *soft and spongy* cellulose, deprived of the encrusting matters which were deposited within. They are no longer coloured black by chlorhydric acid, or the diluted sulphuric acid, nor do they become of orange-yellow by the contact of iodine. The external part, on the contrary, corresponding to the primitive membrane of the cell, and formed of pure cellulose from the commencement, was not softened by the agents which dissolve the encrusting matter, consequently did the soft and gelatinous aspect of the inner zone; but in many cases it seemed to have been penetrated by a little encrusting matter, which the repeated action of the solvents could not separate. From this fact we may conclude, that the encrusting matters which are added to the cellulose, of which the young cells are solely formed, are not deposited like incrustation, but penetrate the tissue—small in quantity into the old, but in great proportion into the interior zone of new formation. The essential network of this zone is the cellulose, impregnated with a considerable quantity of those particular substances which distinguish the ligneous tissue from the common cellulous membrane.—The proportion of the cellulose to the ligneous matters in those thickenings of the cellulous coats, is found in infinite variety. The corneous perisperms, for instance, are almost wholly cellulose; but in the lithic concretions of pears, cellulose forms but a trifling portion compared to the other substances.—In a previous memoir, M. PAYER had shown that cellulose had a composition identical with that of starch or fecula, and could, like the latter, be converted into *dextrine* by the action of sulphuric acid—also that the substances which are subsequently added to cellulose, differ both by their properties and their composition, which is more rich in carbon.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

SUPERFICIAL WOUND OF THE THROAT.

DAVID HOOPER, æt. 25, admitted June 17th, 10 a.m., having attempted suicide by cutting his left arm, and then his throat. He was found by the person who brought him in, lying in a field near the Junction Gate, Kentish Town, where he had been lying since the night before. His clothes when brought to the hospital were completely wet through. The night but one before he was brought in, he bought four-pennyworth of opium, which he took, but vomited up a short time afterwards. The next evening he took three-half-pennyworth of laudanum, which he also vomited up immediately. The person who brought him in states he must have lost a considerable quantity of blood—he has taken no food for two days. On admission, from the combined effects of the night air, the narcotic, the abstinence from food and loss of blood—the patient presented a most deadly appearance, the surface of the body quite cold, no pulse perceptible at the wrist or at the temple, the heart beating very feebly, iris nearly insensible, pupil very much contracted. Frequent shiverings with twitching of the muscles came on; the wound in the arm extends nearly across the bend of the elbow, and is notched at the outer angle, where it is nearly superficial, but no artery of any magnitude is divided; some nerve is most probably divided, as he complains of numbness of the fingers, particularly of the little finger. The exposed surfaces are quite pale, the wound of the neck is also superficial, exposing the fascia and thyroid cartilage and is nearly straight; there is no bleeding from either of the wounds. Some warm tea, and brandy and water were given him.—Two, p.m. The patient has rallied somewhat, the surface of the body is becoming warm, but the feet still cold; pupils

more dilated, and sensible; slight pulse perceptible at the wrist; complains of great soreness of the stomach, much increased by pressure. At 10 p.m. the wounds were dressed; two points of suture were employed for the wound in the neck, to keep the edges of it from eversion or inversion; a broad roller was then placed lightly round the chest, to which were attached two ends of a roller, which, with the aid of an inclined support to the patient's back to raise him up, was so manoeuvred as to steady the head in such a position that the edges of the wound were brought into close contact. The arm was kept in a bent position, the fingers and fore-arm being bandaged and supported by a sling, by which means the edges of the wound were brought into opposition. He was ordered Ammon. Carb. 5ss., Mist. Camph. ʒvj., ft. Mist. sumat ij Coch. bis in die. At eleven o'clock an anodyne was administered.—18th. The patient has slept but little, and complains of sickness and headache; pulse 121 and jerking, surface of body warm, conjunctiva still blanched, perspiration in his face, tongue slightly furred, red at the tip, bowels not been open, makes water easily. To have some broth, tea, and milk.—19th. Countenance slightly flushed, with headache, heaviness, and dimness of eyes. Early this morning he felt quite hot and feverish; surface of body still hot, pulse 104, full, but compressible, tongue a great deal furred, great thirst, bowels open once in the night; he has no sickness or soreness of the stomach. The wound of the neck is suppurating, excepting at the outer angle, where it is uniting by first intention; there is slight erythema along the edges of it. The wound in the arm is doing well, and with very little suppuration. Both sutures were removed.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

CIVIL.—The office of physician to the Hardwicke and Whitworth hospitals, Dublin, vacated by the death of Dr. Crampton, has been conferred by the Lord-Lieutenant upon Dr. Corrigan.—Mr. Pridham, surgeon, has been elected the medical officer at the St. Thomas Union, Exeter.

ARMY.—7th Regiment of Dragoon Guards—Assistant-Surgeon John Stewart, from the Staff, to be Assistant-Surgeon, vice Marshall deceased.—1st West India Regiment—Eneas Mackintosh Macpherson, Gent., to be Assistant-Surgeon, vice Campbell, appointed to the Staff.

HOSPITAL STAFF.—Assistant-Surgeon Alexander Campbell, from the 1st West India Regiment, to be Assistant-Surgeon to the Forces, vice Stewart, appointed to the 7th Dragoon Guards.

NAVY.—Surgeon James Lawrence appointed to the Poictiers.

MEDICAL OBITUARY.

At his house, Midmar, Thomas Best Cheves, Surgeon, in the 30th year of his age.—At Thornbury, aged 64, Thomas Fewster, Esq., surgeon.—At Port Philip, Mr. Alexander Mitchell, some time surgeon in Edinburgh.—At Richmond, (Van Diemen's Land), of typhus fever, Mr. Thomas Crichton, district assistant-surgeon, son of Mr. Thomas Crichton, of Portobello.—At his residence in St. Thomas, Exeter, after a short illness, much respected by a large circle of friends, Wm. Lyddon, Esq., surgeon, aged 42.

MORE PETITIONS.—In the House of Lords on Tuesday, LORD BROUGHAM presented a petition from the medical practitioners of Renfrew, in favour of Medical Reform; and on the same day, Mr. O'CONNELL presented a petition agreed to at a public meeting at Belfast, on behalf of 500 surgeons and physicians practising in the north of Ireland, complaining of the regulations of the Apothecaries' Company of Dublin.

The honour of knighthood has been conferred upon Dr. Jacob Adolphus, Inspector-General of Army Hospitals, and Physician-General to the Militia forces, Jamaica; and upon Dr. Alexander Mackenzie Downie, Physician to the late Landgravine of Hesse-Homburg.

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No. 43. VOL. II.

LONDON, SATURDAY, JULY 18, 1840.

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Early in the month of October last, we arrived one morning at the Westminster Hospital, and were admiring its neatly-constructed corridors, when we were disturbed by a tall emaciated porter, rushing with almost frantic eagerness to the head of the staircase, and then vociferating at the top of his voice for the benefit of the coal-porter, shoe-black, and any students who might be in the cellar, y’clept *par excellence* “the library,” the interesting announcement that Dr. Burne had arrived. We turned our attention to the individual in question, who now approached with quick and somewhat consequential step, radiant in a blue coat with resplendent buttons. He was in the prime of life, and of very gentlemanly bearing, but his countenance, though exceedingly pleasing at first sight, was strongly marked with the smirk of self-complacency, and exhibited a perfect consciousness of his own individual existence as “a thing apart.”—Graciously smiling on his now assembled class, the Doctor ascended the staircase, observing that the female patients should be first visited. We said “*class*,” which class was composed of three scions of the Hippocratic family, presenting as sorry specimens of aspirants for medical fame as have yet fallen beneath our notice. The first, a tall, slightly stooping, cadaveric-looking youth, whose gaping mouth, sunken lifeless eyes, and receding forehead, seemed to indicate that his was not the tenement of intellectuality. Habited in a suit of sorry sables, with his hair half parted, half dishevelled, and his feet enclosed in a pair of antique shoes of exceeding magnitude, did this

engaging specimen of the genus homo walk, or rather shuffle after the Doctor, apparently fully impressed with the idea that the words which emanated from the latter would afford the choicest axioms on which the ars medendi could be founded. Happy delusion!—The second individual was a most unpolished Milesian, just imported from the gem of the sea, habited in corderoy smalls and continuations, having a coloured kerchief surrounding his cervical region, whilst, from his short-sleeved coat projected a pair of large red hands, which ever and anon were consigned to his pockets, apparently as the only means of maintaining animal heat. Stopping at a point where the wards met, the group entered one over the door of which was placed the word “Tillard,” and paused at the bedside of an old woman labouring under chronic bronchitis. Between her and the Doctor the following colloquy took place:—“Um! cough, my good woman,” commenced the latter. “Yes, sir,” answered the female, who immediately began to cough violently.—“Ah!” exclaimed the physician, “the cough is hard—the pulmonary tissue is involved, I dare say.” He then summoned to his aid a longstethoscopic tube, bearing some resemblance to an elephant’s trunk, and subsequently resorted to a pair of instruments dignified with the name of “plessimeter,” with which the chest of the patient was hammered in every direction, and which afforded the peculiarity of eliciting, nearly the same degree of resonance from every part on which it was placed. “Oh!” ejaculated the Fellow of the Royal College, “I see, this is a case of compound asthma; but there is also a subacute-chronic pathological congestion of the parenchymatous structure of the lobules of the inferior lobe of the right lung. Well!” and the dignified functionary smiled graciously on his astonished class; “we will give the *Diosnia*—yes! Infusi Diosmæuncias duas ter die, sumat.” The next patient was a middle-aged woman, the ticket over whose bed was not yet filled up. The Doctor now interrogated, and the patient responded, but still the diagnosis appeared by no means clear, when the esteemed subject of our sketch, drawing back to the foot of the bed, observed, “Yes, I see; just, sir, write up ‘*Dolores*,’ and we will give her the Mistura Sodæ Sulphatis cum Acido Sulphurico—and have you any pain at your stomach?” urged the Doctor. To this the patient partially acquiesced, and the Mistura Stomachica was also ordered. Muttering much Latin, and affording little knowledge, he went from bed to bed. He proceeded—but for the present we must pause. The Doctor with his hobbyhorsical phraseology, and his hippopotamus hammer, may think himself advancing science, and ‘blush to find it fame;’ but it would be wrong to suffer such a medical Mammoth

—“To bloom unseen,
And waste his sweetness on the desert air!”

LECTURES ON SURGERY.

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FRACTURES.

ALTHOUGH the bones are not liable to those kinds of injuries which are so common to the soft parts—that is, to incised, punctured, and other such wounds—they are frequently subject to a species of injury peculiar to themselves—that is, they are liable, under the application of external force, like any other hard substances to be broken. They give way under the application of certain external violences, and this kind of injury is called *fracture of a bone*; which, I apprehend you will understand just as well under that simple term as if I were to give the scientific definition of fracture, which I believe is—*solution of a continuity in a bone*.—Now the bones, like other organized parts, possess in themselves the power of repairing this kind of injury; the only difference in the process which takes place in the case of such injuries affecting the bone being that it is slower in its course. I have already had occasion to show you that when the soft parts are divided they become reunited either by adhesion, which is called union by the first intention, or by the process of granulation and cicatrization, which is called union by the second intention. Now the union of the bones is not at all like that of the soft parts occurring by adhesion. We cannot assimilate the two occurrences. The union of a broken bone is more like that of the soft parts, by granulation and cicatrization—though not exactly like that. We observe, that when the broken ends of the bone are brought in contact, and maintained in apposition, that they slowly grow together—that is, that the bone becomes united at the part that has been broken. It has been said sometimes that this arises in consequence of effusion of blood into the interval of the broken ends of the bone, and the subsequent organization of the blood thus effused. This is an explanation that cannot be admitted, because the bone will unite even when there is no blood at all effused; and if blood be effused, as probably in most cases it is, it is absorbed before the union commences. In the progress of the union of a broken bone, we find that considerable swelling occurs in the situation of the fracture—and a swelling which is rather firm to the feel. This is technically called *callus*. The word *callus* signifies originally merely a lump, and therefore the term simply denotes the circumstance of the swelling that occurs about a fracture. After the fracture has united, there is generally more or less of swelling and irregularity remaining in its neighbourhood; and that also is distinguished by the term *callus*. Hence this has become a kind of technical word to denote the effusion of substance by which the fracture of a bone is consolidated. Heretofore it was supposed that the broken ends of bones became united together by the effusion into their interstices of a kind of viscid fluid, which gradually hardened, and became converted into the nature of bone. It was even supposed that particular articles of food, or particular articles of medicine, favoured this process. Some carthy matters were heretofore given, under the idea of promoting or assisting in the process of consolidation. Hence the term of *osteacolla* applied to a substance of that kind. When experiments came to be made on living animals, in order to investigate this process, it was soon found that the notion of the effusion of a fluid which gradually hardened and became consolidated, could not be maintained. Duhamel, who undertook to investigate the subject, supposed that it took place from certain changes which occurred in the periosteum. Others conceived that granulations were produced from the broken ends of the bone, and union thus effected. It seems to have been the opinion of Mr.

Hunter that the union was effected in the way that I have already mentioned—by the effusion and coagulation of blood in the interval of the broken bone, and by its subsequent organisation, corresponding to the views he entertained of the process of adhesion in the soft parts. More accurate investigation, however, has shown that the process is not effected in any of these ways; and recently the attention of some of the French surgeons and physiologists has been directed to this point, and possibly the account they have given of the mode of union in fractured bones is the most correct. Dupuytren has particularly investigated this subject, and he has described that when the two ends of a broken long bone are brought together, and maintained in apposition, they become in the first instance united by a swelling, and subsequent ossification of the soft parts immediately surrounding the broken ends of the bone. This forms a kind of ease round the fracture, by which the broken ends of the bone are held together for a time; then the broken ends grow together, and become consolidated, so that the bone unites. Thus he makes a distinction between the first or provisional union, which is produced by the swelling and ossification of the surrounding soft parts, and the ultimate or definitive union which is produced by the agglutination of the two broken ends themselves—calling the former *cal provisionel*—the provisional callus; and the latter *cal definiti*—the definitive callus.—According to the account he has given, it appears, in the first instance, that is, taking the period from the occurrence of the fracture to the end of about ten days, the periosteum, the cellular substance, the muscles, and the other soft parts immediately surrounding the broken bone, become swelled, and form a considerable tumour, which you can feel externally. All these parts enter into the composition of the swelling; the thickest part of the swelling is opposite to the situation of the fracture, and it is gradually lost in the natural surfaces of the bone in both directions. In the commencement, the tumour is somewhat reddish—that is, there is a determination of blood to it; but towards the latter part of the period I have mentioned—that is, towards the tenth day—this redness or discolouration is lost, and the swelling, when examined internally, has a whitish appearance. In the early part of this period you have, in fact, a mixture of coagulum and fluid blood. Blood is effused from the vessels that are broken in the fracture, and subsequently coagulates. Such is the state of the parts between the commencement and the end of the tenth day; and in this stage there is either a kind of viscid fluid between the ends of the broken bone, or something like a reddish granular substance produced from the extremities of the bone, forming a kind of spongy union between them—nothing at all osseous. In the second period which extends from the tenth to the twentieth or twenty-first day after the fracture, the swelling that I have just mentioned becomes less in size—it becomes more limited to the immediate neighbourhood of the broken ends of the bone; but it is considerably firmer in its structure;—it begins to assume a fibrous, or a cartilaginous, or something of an osseous structure. During this second period, the fracture admits of motion—that is, the broken ends can be moved on each other; but no grating is produced by such motion—there is no crepitus. The third period extends from the twentieth or twenty-first, to the fortieth, fiftieth, or sixtieth day; and during this time the external swelling which I have just mentioned becomes ossified, and assumes a pretty firm state; the internal swelling of the medullary membrane becomes ossified in a similar manner, and in fact this ossification of the external and internal becomes firm enough to allow the patient to employ the broken bone. In the case of the thigh or the leg, the patient can now support the weight of his body on the bone; but yet, at the same time, the actual extremities of the fracture are not united—they still remain connected together by the viscid fluid, or the red spongy substance that I have just mentioned, although the fracture at this time is sufficiently consolidated to enable the patient to use the limb—at all events with care. Yet the union is soft enough to allow of the fracture giving way in consequence of any external force or influence,

or in consequence of too much weight being rested upon the limb. The fourth period extends from the fortieth, fiftieth, or sixtieth day, to the end of five or six months; and in that time the external swelling becomes completely and firmly ossified, and when you examine it externally, it seems as if the periosteum extended over the swelling to the sound part of the bone. It is firm and strong, and the medullary membrane is firmly ossified; at the same time the extremities of the bone, which hitherto have not been united, are found to be connected, so that you only see the separation, or rather the situation in which they had been previously separated—as a faint line, when the fractured part is divided longitudinally with a saw. During the fifth period, extending from the fifth or sixth month to the end of about a year, this external provisional callus is entirely absorbed, and the union of the bone becomes so firm, that subsequently the bone will perhaps break more easily in any other situation than in that of the fracture. The provisional callus having served the purpose of keeping the ends of the bone together for a certain time, is entirely removed, and we see nothing more of it; while that part of the provisional callus which is produced by the medullary effusion is also absorbed, and the medullary membrane returns to its natural state.

Some time ago I had a patient in this hospital, an elderly man, nearly 60 years of age, who had a compound fracture of the tibia, and he died very suddenly in the fourth month from the time of his admission. The fracture had proceeded favourably, and had united very well, so that he had been well enough to get up and walk about the ward. The limb was quite firm, and we considered the bone to be united;—he could use the limb freely. He died suddenly as I have said, and I had an opportunity of ascertaining the state of the tibia. When I laid this bare, it appeared sound externally; but when I had sawn out a part of the tibia (the back part), I was quite surprised to find that the ends of the bone moved freely, although I knew that the patient had walked before his death. I found the state of the bone exactly corresponding to the description I have now given you—namely, that the fractured ends of the bone were literally not at all united, although four months had elapsed from the time that he met with the accident. They were connected by a soft reddish substance, but I could easily move them upon each other. But these bones were enveloped by a kind of external investment—a sort of ferrule (if I may use the expression) of osseous substance held them together.—Now you are aware that it sometimes happens that the ends of the broken bone are, in fact, not exactly connected with each other—they do not exactly join as they ought to do—yet the bone may be united. Under these circumstances, what Dupuytren has called *cal definiti*—the definitive callus—never takes place at all; the broken ends are only in contact by their sides, perhaps. We then find that the bones are united by what he calls the *cal provisionel*, or provisional callus, which is permanent; and in this way a very firm union may take place.—The resources of nature are very extensive; in such a case, even where the ends of the bones do not come together, they become consolidated, so that the patient can use them. Here is a case [presenting the specimen] where the portions of the bone do not correspond to each other, but have become fixed in a lateral situation. I have seen instances where there has been an interval between the broken ends, and a cross bar has been thrown out between the two, so as to form a union (of the tibia, for instance) sufficient to support the body, although there was no direct union of the upper and lower bone.—It has been known that part of a bone has been broken off in its whole thickness, as in the case of a long bone, the fracture extending into the medullary cavity; it has been broken off, and actually turned round, so that the exterior part of the bone has been towards the medullary cavity, and it has united in that way. There is a specimen of that kind in the Hunterian Museum, where a piece has been detached and turned round, so that a part of the proper exterior surface of the bone has united towards the medullary cavity.—This shows you that the bones have very extensive powers of repairing the injuries which they receive,

and therefore you are not hastily to conclude, that because an extensive injury has been inflicted it will be necessary to remove the limb, on the supposition that nature is not sufficient to repair injuries, though they be really very considerable.

From this general view of the process by which a fracture is united, you will easily deduce the practical rules that are to be observed in the management of such accidents. You must bring the broken ends of the bone together, and approximate them, bringing them as nearly as possible into their natural position, retaining them in that position, and keeping the limb quiet, that there may be no danger of their becoming separated. These are the general purposes that are to be followed in the treatment of fractures; but the circumstances of fractures are so various, that it is not sufficient for me to mention to you these general indications; it is necessary to enter somewhat more into detail.—Fractures differ in the first place, in consequence of the description of bone which they implicate. You may have a fracture in a long, a broad, or a short bone. Now the observations that I have to make respecting the surgical treatment of fractures, apply almost entirely to those of the long bones. The short bones, such as those of the carpus or tarsus, are seldom the subjects of fracture; sometimes, indeed, the os calcis has been fractured, but it is a rare accident. The broad bones are more frequently fractured, yet the fractures of these admit of very little help from surgery, and they generally are much more important, in consequence of the mode in which they affect the parts contained in the cavities formed by such broad bones, than in reference to the fracture itself, as, for instance, in the cranium or pelvis. We cannot do much in these accidents—so far as the mere fracture goes—and thus our observations on fracture refer almost entirely to the long bones.—There is a considerable difference in respect to the nature of the injury and its extent, and the parts which may be involved in different cases. The fracture may affect the middle, compact, or solid part of the bone, or its spongy articular extremities. The direction of the fracture is very various. The bone may be fractured across—*transversely*; it may be broken in a slanting direction—*obliquely*; or it may be broken lengthways—*longitudinally*; but the latter—longitudinal fracture—is uncommon, and hardly takes place except, perhaps, in consequence of gun-shot injuries, where the fracture of a bone is accompanied with fissures or cracks, extending to a considerable distance: under such circumstances, indeed, nearly the whole length of a bone may be split up longitudinally. Partial longitudinal fracture, however, is more common, that is, where a fracture takes place in the lower articular portions either of the femur or the os brachii. The part which constitutes the condyles of both these bones, is occasionally broken longitudinally, the fracture in such cases extending into the joint, which is, of course, rather a serious complication, and with the simple division of the bone you may have, under certain kinds of violence applied to them, a fissure or crack extending to a considerable distance. A bone may be broken in one place, or in two places, or a certain part of a bone may be broken into several fragments. Hence the distinction of *single*, *double*, and *comminuted* fractures. You have the injury of bone occurring alone, or it may be accompanied with more or less considerable injury of the surrounding parts; there may be more or less extensive laceration or bruising of the muscles and other soft parts; indeed, there are few fractures in which there are not some of these injuries of the surrounding parts, and in a great number of these accidents such injuries constitute a very important part of the mischief. Fractures are not uncommonly attended with ecchymosis, that is, with laceration of some blood-vessel, and consequent effusion of its contents. This blood may be either diffused in the cellular texture generally, or a considerable quantity may be poured out in one spot;—or lastly, which is a more serious kind of injury, some considerable artery may be wounded, more particularly in the leg, where there are some large arteries lying in contact with the bones.—Fracture is not unfrequently accompanied with the division of the integuments and a protrusion of the broken bone through it,—

a wound of the integument communicating with the fracture. This, in English, is called a *compound fracture*. We use the terms simple and compound as opposed to each other;—a simple fracture being a fracture in which there is no external wound connected with the fracture, whether the bone be broken in one or more places;—a compound fracture being one in which there is a wound of the external integuments connected with the broken bone. These terms are not employed exactly in the same way by the French writers. They use the word simple fracture to denote a case where the bone is broken in one place. *Fracture simple* is equivalent to our single fracture; what we call compound fracture they call *fracture compliquée*—complicated fracture, though this term does not answer to what we should understand by the expression, as there may be various other complications with a fracture besides its communicating with the external surface. Then the occurrence of fracture may be complicated with injury of a joint, that is, the fracture may be so seated as to extend into a joint; and there are some rare instances in which fracture has been accompanied with dislocation, though this of course is an uncommon combination, for the violence which produces the injury either causes one of these accidents or the other—seldom both. If it thrust the head of the bone out of the socket, it does not produce fracture, and *vice versa*; therefore, in general, the existence of fracture excludes altogether the idea of luxation, and of course luxation leads us to suppose that there is no fracture. But there are cases where they are both present together. Some time ago I saw a medical man in whom dislocation of the humerus had occurred, with fracture close to the head of the bone; so that dislocation cannot be relied on as an absolute proof that there is no fracture.

Now with respect to the causes of fracture, we find that bones may be broken by any violence directly or immediately applied; such as a severe blow, or the wheel of a carriage going over a limb, or any other immediate violence of that sort. But more commonly the bones are broken by the indirect application of force—that is, the bones are not broken by the application of violence directly to the point at which the fracture takes place; but a person falls to the ground, and the end of the bone comes to the ground, while the weight of the body rests upon the opposite extremity; and the bone being included between these two forces, gives way at the middle or weakest part—gives way, therefore, in a situation where no external force is applied to it. This is the way that bones are generally broken in consequence of falls.—There are certain causes of fracture which may be considered to be predisposing or remote; circumstances which favour the occurrence of fracture, when bones are placed in such situations as I have just mentioned. In the middle period of life in which the osseous structure has the greatest degree of strength, such bones, *cæteris paribus*, are least liable to fracture. Fracture takes place more particularly in young and old subjects, where the osseous structure is less firm, and possesses less power of resistance. In elderly persons the bones are more brittle than in the active and robust period of life; so that, on the application of considerable violence, fracture takes place almost constantly in persons of a certain age. There are certain states of constitution which we cannot perhaps exactly define, which give a disposition to fracture, and bones break without our being able almost to account for the occurrence.—I had a patient in Bedlam, an elderly man, who had been there for a great number of years. His arm was broken by a slight cause applied to it; we could hardly tell how it happened; however the bone was united and did very well. Not above two years afterwards, it was found out by accident that his thigh was broken; he had not fallen, nor had any blow been given, and, in fact, after it had occurred, he contrived to walk to his cell. When he got there he complained of his thigh, and when I examined him I found the thigh broken about the middle. In this instance, as in the preceding, the fracture was treated in the regular way, and it united very well.

There are certain morbid states of the constitution in which fractures take place under the appli-

cation of a very slight degree of force, such as in healthy individuals would be totally inadequate to produce the effect. It is in this way that bones of cancerous patients have frequently been broken merely from moving in bed, or making some other slight exertion. In these instances we can see pretty well how it is that fracture takes place, for we find the bones of such individuals become considerably softer than natural; a great part of the earthy matter is removed, and perhaps cancerous structure formed in its place.

I must not omit to mention one cause of fracture by which bones in a certain situation are broken, that is, muscular contraction. At the first view you would suppose when you compared the softness of muscle with the hardness of bone, that the power of contraction in the muscles would not be adequate to produce a separation of the substance of bone; we find, however, that it is capable of producing that effect. Fracture of the patella takes place almost constantly, simply in consequence of the powerful contraction of the muscles which are connected with the bone. The olecranon may be broken by the contraction of the muscles which belong to it, and there are even instances of the long bones of the body being broken in consequence of the powerful action of the muscles inserted into them. I have heard of the femur being broken under considerable muscular exertion in persons making a strong effort, without the direct application of external violence to the bone. It is a rare occurrence, but it occasionally takes place; and it is probable that the contraction of the muscles has a great deal to do with fracture in various instances in which we suppose that it has happened simply in consequence of the application of external force.

I have next to speak to you of the effects which fractures produce, the changes in the state of the limb producing what we call the *symptoms*, or the external circumstances, which enable us to recognise the existence of fracture.—Some of the effects of fracture are immediate, and take place directly after the accident has occurred; others occur more remotely. The first and most immediate effect that is observed from fracture is inability—a general and complete inability in the patient to make use of the limb in which the fracture has taken place. A patient has been walking or running, he falls to the ground, and breaks the thigh-bone; he attempts to rise, and feels himself quite unable to do so—he cannot support the weight of his body, or bear at all upon the limb. The patient himself is sensible that the bone is fractured; he says immediately, “I have broken my leg;” and when a patient expresses himself in this way, in consequence of complete inability to use the limb, you may be sure that the leg or thigh is broken—it is seldom that the patient is mistaken under such circumstances. In cases of violent bruise a person can rise, and support himself, but commonly in cases of fracture, he feels the bone give way—he is sensible of its breaking or cracking. This inability to use the limb, of course, is more complete in certain bones than in others, that is, in fracture of the femur or of the os brachii the inability is more complete than in fracture of one of the bones of the fore-arm or leg, because, when one bone only is fractured, the other enables the patient in some measure to use the limb. The observation applies more particularly to instances of fracture occurring in the limb where there is but one bone.—Then, generally, a change of figure is observed in the limb,—it is shortened,—it is bent, or presents some unnatural configuration externally, and that quite suddenly. This also is more particularly observed in the thigh and upper arm than in other situations, that is, where there is only a single bone; for in the leg and fore-arm, you may have one bone broken, and no sensible change in the external shape of the limb.—Then, thirdly, on moving the broken bone, the fractured ends, when rubbed against each other, produce a grating sensation, which is perceptible to the patient, and very sensible to the hand of the surgeon who makes the examination. This sensation is technically called *crepitus*, and when it is felt you become quite certain that the bone must be broken. This is to be regarded as a sure, or pathognomic, sign of fracture;—if you feel the

grating in the limb decidedly, there can be no doubt that the bone is broken. It must be observed, however, that a fracture may take place, and the fragments of the bone be in such relative situations to each other, as not to rub or grate when the limb is moved. They may be separated more or less, or some soft part may be included between them, so that the mere circumstance of not being able to feel a crepitus does not prove that a fracture has not taken place, although the existence of crepitus is a satisfactory proof that fracture has occurred. These are the primary or immediate symptoms of fractures.—When a bone is broken, it very commonly happens that the fractured ends become displaced, and this displacement may either take place immediately, as the direct consequence of the injury which produces the fracture, or it may take place at some distance of time after the fracture has occurred. The displacement may be primary or immediate; or it may be secondary, or remote. If a limb is broken by a carriage-wheel going over it, or a heavy substance falling upon it, the fracture may be accompanied at the same moment by the displacement of one of the ends of the bone. The same injury which breaks the bone may displace one of the fragments; very often, however, the bones are not displaced immediately on the accident occurring, but become displaced afterwards, in consequence of the action of the muscles that are connected to one of the fragments; muscular action is the principal cause of the displacement which takes place under such circumstances. It is true that the weight of that part of the limb which is furthest from the trunk of the body may cause displacement: for instance, supposing the arm to be in a horizontal position, and the humerus to be broken—when that takes place, the weight of the hand and fore-arm would occasion that part of the arm to drop, and become displaced. But, in many instances in which a limb is fractured, it is so situated as to undergo no displacement from the weight of the inferior part of the member, and in fact, it is not displaced at the time of the accident, but the muscles connected with the lower part, by contracting, gradually displace it afterwards.—The ends of fractures may be displaced in different ways. In the first place, the displacement may occur in the direction of the axis of the limb, just as I mentioned to you of the humerus, where the lower part drops, so that the limb presents a protuberance in front, and a corresponding cavity behind. Now you will observe, that this is a kind of displacement which cannot occur when one of two bones is broke, as in the fore-arm and leg,—indeed, most of the various kinds of displacement are observed in fractures of the limbs containing a single bone.—Then the bone may be displaced in the direction of the length of the limb, producing the effect you here see, [pointing to a specimen,] where one end of the bone overlaps the other, or rides. This is a displacement producing an unnatural projection and thickness at one part, but more particularly a general shortening of the limb. When you trace with your hand the outline of the bone, carrying your fingers from the upper extremity of the bone that is connected with the trunk down to the fracture, you come abruptly to a termination—you feel what appears like a rising of the extremity of the bone, in consequence of the mode in which the inferior fragment has been displaced. This has been called the “rising end of the bone,” from the idea which is communicated on first examining the bone, that there is an unnatural projection at the part where the fracture has taken place. In truth, however, this end does not rise; for this extremity of the bone is in the natural position, but it appears to rise, in consequence of the other extremity being pushed out of the natural situation, and drawn behind it. Thus you find generally that the part called the rising end of the bone is in its natural place, while the portion seated below it is the part that is displaced.—Then the bone may be displaced, in the direction of the circumference of the limb; and this also affects the fragment of the bone which is most remote from the trunk. The portion which is connected with the trunk remains in the natural situation, in consequence of that connexion, but

the portion below becomes twisted inwards or outwards. For example: in fractures of the thigh, supposing the limb to be broke in the middle and left to itself, you find the inferior fragment of the bone turned outwards, and the leg and the foot will be everted. The inferior fragment turns in the direction in which it is drawn by the action of the strongest muscles connected with it. The position of the inferior fragment is no longer regulated by the attachment which the upper end of the bone has to the trunk of the body, and therefore it obeys the action of the muscles inserted into it. The question as to the position which the bone will take under such circumstances, is simply this—What is the situation in which the action of the muscles will place it? If the fracture be in the thigh, it will turn the lower fragment, and consequently the foot, outwards, into the *everted* position. That is, displacement in the direction of the circumference of the limb.—Then the fractured bone may be displaced *laterally*. Supposing the bone is broken through transversely, you may have the two ends in apposition, or corresponding by one-half of the surface, or by the edges, so as to constitute a lateral displacement. These are the various ways in which the bones may be displaced in fracture, more particularly in cases of simple fracture.—I have mentioned to you that these displacements are principally effected by the action of the muscles which are connected to the fragments of the bone farthest from the trunk, the cause of the displacement being thus combined with the effect produced by the weight of the lower part of the limb. It is possible, however, for a broken bone to be displaced in consequence of the contraction of the muscles which are connected with the fragment still attached to the trunk. Supposing the fracture to take place at the upper part of the thigh-bone—you then find that the superior fragment may be drawn upwards by the action of the flexor muscles which come out of the pelvis and are inserted into the trochanter minor. Here [showing a specimen] you observe that the bone forms a complete elbow, the superior fragment having been drawn upwards by the contraction of the flexor muscles. It is a case of fracture occurring in the upper part of the thigh. The lower end of the bone is not drawn up so as to be placed behind the superior fragment, and the shortening of the limb here is not from the overlapping of the bone, but from the angle or elbow produced by the superior fragment being tilted upwards and forwards by the flexor muscles. In the same way, when a fracture takes place near the upper end of the humerus, the action of the latissimus dorsi, and other muscles, may displace the upper fragment, and occasion an unnatural prominence in the situation of the fracture, somewhat similar to that in the thigh.

We have not much to say respecting the *diagnosis* of fractures—that is, the distinction of fractures from other accidents; for the peculiar signs which denote the existence of fracture are so clear and unequivocal, that there is little fear of confounding it with other kinds of accident. However, when fractures take place in the neighbourhood of a joint, they may be confounded with dislocations. In the instances of some joints there is an obscurity in making the distinction; the circumstances, however, on which the distinction depends, will be better appreciated when I speak of particular dislocations. In general it may be observed, that, in cases of dislocation, there is much greater stiffness and inability to move the limb. I do not mean of the patient to move it, but that great difficulty in moving the limb is experienced by another person in examining it; and in this way it is easily distinguished from fracture. In case of a fracture near a joint, another person can move the limb, with pain to the patient, to be sure, but in a greater degree than if dislocation had occurred.—There is a kind of accident described by surgical writers which it is very difficult to distinguish from fracture; the accident is rare, and when it occurs it is treated in the same way as other fractures: it is the separation of the bone from the epiphysis. At a certain period you are aware that the articular ends of bones are united to the shafts of the bone by cartilage, that is, the bone is not one entire piece; and it is pos-

sible, from the effect of external violence, that the head of the bone may separate at this cartilaginous part, that is, at the epiphysis. Probably you will not be able to distinguish from the external appearances between such cases and fractures. I therefore need not say anything further respecting the diagnosis. I may, however, remark that this separation of the head of the bone can only take place in young subjects, for after a certain age the cartilaginous substance is consolidated, so that the bone constitutes one entire osseous piece.—The circumstances of fracture are so very various, according to the extent of the injury—the number and importance of the parts involved—the age of the individual—and the circumstances in which he is placed, that the *prognosis*, that is, the opinion we form respecting the issue of the case, must be subject to the same kind of variety. Nothing can be more simple than a fracture in a bone, unattended with contusion or laceration of the soft parts, occurring in a healthy individual. We know perfectly well, that under judicious management, and that of a simple kind, such an injury will be completely and effectually remedied—the patient incurring no risk of any serious impediment to the use of the limb. On the contrary, in cases where a bone is extensively broken and comminuted, and where the soft parts are considerably bruised and lacerated—where there is a complication with such accidents, of injury of the arteries, or of the joints—more especially if those accidents occur in elderly persons—in those of bad or unsound constitution; under circumstances where the patient will not have all the comforts and means that are necessary to his restoration, there is great risk, either of great imperfection and deformity in the limb subsequently, or in fact, great danger to life, in consequence of the more immediate or ultimate effects of such accidents. Thus you have every variety, according as the fracture is simple and the circumstances otherwise favourable, or the injury such as to involve danger to life at the moment, or the loss of the use of the limb, supposing the accident should not prove fatal.—There are many cases of fracture in which the issue is doubtful, without speaking of a case that is of the worst kind, where we entertain an unfavourable opinion from the very commencement. When fractures take place in the neighbourhood of joints, we do not know exactly whether the fracture extends into the joint; we are equally at a loss as to the consequences in cases of fracture where some considerable vessels may have been wounded. There are many instances in which we are under great doubt at the time of the accident occurring, as to what the event of the case may be—where we find it necessary to speak guardedly to the patient, and to his friends, as to the probable issue of the case. There are several instances in which, although we entertain a confident expectation that the injury may be repaired, and that the use of the limb may be recovered, we find it impossible, perhaps, to prevent altogether the occurrence of some deformity. Even under the most judicious management, in certain cases, the exact apposition of the broken ends of the bone is difficult to be accomplished and maintained, and then some difference in the length and figure of the limb is almost inevitable. Frequently, in consequence of the length of time occupied in the treatment, considerable stiffness ensues; the free play of the muscles that are seated about the broken bone is impeded; the constrained position in which the limb is kept produces stiffness of the articulation, immediately adjoining the fracture; and thus more or less imperfection of the motion of the limb is produced, and lasts for a considerable length of time, in many instances of fracture, even in spite of the greatest care.—It has been stated that fractures do not unite in pregnant women; that these remain ununited until the period of utero-gestation is at an end, and that then they become consolidated by ossific union. It is not very common to meet with fractures in pregnant women. In many instances, however, fractures in pregnant women have united just as they would in other females, so that I doubt altogether, for my own part, the truth of this statement. I have never seen an instance of fracture in a pregnant woman that remained ununited.

LARYNGOTOMY IN SUSPENDED ANIMATION FROM DROWNING.

IN cases of suspended animation produced by immersion, you are told to perform the operation of laryngotomy, between the thyroid and cricoid cartilages, cutting through the crico-thyroid ligamentous membrane.—This is by no means the best place—on the contrary, I should always advise it to be performed under such circumstances, at this the thyroid notch, situated at the upper part of the angle of the thyroid cartilage, making an aperture in the thyro-hyoid ligamentous membrane. It is astonishing how easily this operation can be performed, even with a common pen-knife;—you make a small aperture close to the angular notch, and then pass your cannula obliquely downwards and backwards, so as to get it fairly between the cordæ vocales. By thus introducing the cannula obliquely and close to the notch, it completely clears the epiglottis, being altogether below it.—One reason for giving preference to the operation in the locality I have mentioned is—that you meet with no vessels to throw out an ostensible quantity of blood, whereas in cutting between the cricoid and thyroid cartilage, there are many small vessels appertaining to the isthmus of the thyroid gland, and adjacent parts, necessarily divided, and capable of occasioning coagula in the larynx.—But my principal reason for the preference is, that you introduce the cannula between the cordæ vocales into the rima of the glottis, so that it comes in absolute contact with the former. This is the most irritable part of the larynx, and if there is any irritability still remaining in the frame, the vocal cords will be stimulated by the presence and contact of the cannula, the arytenoid muscles will be stimulated—if these are once excited, the other muscles of respiration will also by sympathy be excited and stimulated to contract, and respiration will thereby be re-established; whereas in operating through the crico-thyroid ligament you are altogether below the cordæ vocales and the most excitable part of the larynx, and less likely to excite the internal laryngeal muscles, and the respiratory muscles of the chest into renewed action. For every reason, therefore, I enjoin you to perform the operation, when necessary, above the thyroid cartilage.—*Mr. Dermott's Lectures on Surgery.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 4th July, 1840:—

Epidemic, endemic, and contagious diseases	163
Diseases of the brain, nerves, and senses	157
Diseases of the lungs, and other organs of respiration	227
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c. .	9
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	2
Diseases of uncertain seat	104
Old age, or natural decay	44
Violent deaths	26
Causes not specified	6

Deaths from all causes

831

PROVINCIAL MEDICAL AFFAIRS.

BIRMINGHAM.—The Warneford Prize (£40) was presented, on Monday last, by the President of the Royal School of Medicine and Surgery, to Mr. Edward Smith, for the best Essay "On the Aortic System, Anatomically and Physiologically considered."

CARLISLE.—**NORTH OF ENGLAND MEDICAL ASSOCIATION.**—The Council met, July 8, when reports of the anniversary meetings of the East of Scotland, and of the Newton Branch of the Provincial Medical Associations, were communicated; letters were read from Dr. Barlow of Bath, Professor Maunsell of Dublin, and Dr. Laycock of York. The Secretary (Mr. C. T. Carter) having consented to undertake the task, was commissioned to proceed to Southampton, to act as the Representative of the Association, in any transactions which may take place in reference to Medical Reform at the meeting of the Medical and Surgical Association, to be held in that Town on the 22nd and 23rd inst. The thanks of the Council were unanimously voted to Richard Carmichael, Esq., of Dublin, for his munificent donation of £500 to the cause of Medical Reform.

EXETER.—At a meeting of the subscribers to the Cholera Fund, it was resolved that the balances of £540 in the hands of the Treasurers be paid over to the Building Committee, for the intended new Dispensary, to be appropriated towards the expenses attending the erection of the same. The committee have advertised for tenders, in order to proceed immediately with the building.

SHREWSBURY.—**PROVINCIAL MEDICAL ASSOCIATION.**—We last week noticed the meeting of the Shropshire and North Wales branch of this valuable society. We now find space for a more lengthened notice of the proceedings. Between forty and fifty members assembled.—Dr. Parker was elected President of the District Branch for the year 1840-1. Mr. W. Clement, of Shrewsbury, was appointed Vice-President, and Mr. Dicken and Dr. Ward were appointed Secretaries.—The report of the Council noticed the increased numbers of the Association; stated that the Council, at the suggestion of Dr. Hastings, had agreed to defer petitioning Parliament for the suppression of quackery; and mentioned that, after paying over 35*l.* 3*s.* 7*d.* to the parent Association, and all necessary disbursements, they had a balance in hand. In reply to a remark from Dr. J. P. Johnson, as to the expediency of publishing an analysis of patent medicines, Dr. Hastings said that the subject of quackery, as well as that of medical reform, had been touched upon at the last general meeting at Shrewsbury. They had petitioned the legislature in favour of medical reform, and though some time must elapse before the bill could be brought forward, Mr. Warburton was pledged to it. (Applause.) On the subject of quackery, it had been agreed to, on the suggestion of Dr. Barlow, that the Committee's further steps should be suspended until after the Southampton meeting.—Mr. Gwynne, of Wem, was then appointed President for the year 1841-2, and Dr. Marsh was appointed Vice-President for the same year.—Dr. Hastings, in speaking of the objects of the Association, observed,—He had seen that the profession was weak and disunited, and thought that if something like zeal could be stirred up among them, nothing but good could result from their union. His expectation had been completely fulfilled. The objects he had in view when he founded the Association had been successfully developed,—these were, to collect useful information, to extend medical topography, to inquire into the cause and progress of epidemics, to advance

medical science, and to maintain the honour and dignity of the profession by friendly intercourse. (Applause.) The best proof of what the Association had done would be found in the eight volumes of their *Transactions* which they had published. The essays, the notices of medical topography, the hospital reports, the retrospective addresses, the views of medical and surgical science in these volumes, would stamp the highest character upon the Association. (Applause.) It had been the first public body which petitioned Parliament in favour of establishing a general system of registration of births, deaths, and marriages,—it had suggested many of the ameliorations in the Poor-Law Amendment Act,—it had drawn attention to the subject of vaccination, and hence had arisen the bill for preventing indiscriminate inoculation, although he thought it an error to have placed in the hands of the Poor-Law Commissioners what should have been done by the National Vaccine Board. (Cheers.) The Association had also established a Benevolent Society, from which the best consequences must flow. Their uniting had enabled them to do what an individual could scarcely have attempted. It had enabled them to enrich the new volume of their *Transactions* with the beautiful plates of Mr. Ceely, at the cost of 700*l.*—coloured plates, which illustrated his proof that small-pox and cow-pock were the same,—a fact in medical science obtained by a series of deductive experiments and proofs unsurpassed by anything since those of Jenner. (Great applause.) It was the funds of the Association which enabled this discovery thus to be made public, and the *vis unita fortior*—collecting guineas from many, raised a sum which few individuals could spare. Dr. Hastings concluded by remarking that the members of the Association were increasing. There were now more than 1200 members, and when he had the pleasure of meeting them next year he trusted there would be 1,300. In the course of the proceedings, Dr. Jeffreys called the attention of the Association to an article of the *materia medica*, which, he said, was very little known in this country, but one of great and general use in South America. It is a styptic of great power and efficacy, and is called *Yerba Soldado*, or the *Soldier's herb*, from its astringent property being accidentally discovered by stopping the bleeding vessel of a wounded soldier in the field of battle. It was also called *Matico*. Dr. Kendrick, of Warrington, applied a little of it to an artery which was divided by a gentleman who attempted suicide by cutting his throat, and it stopped the hæmorrhage instantly. Dr. Jeffreys had experienced much disappointment and some mortification that an order for an ample supply had, by an accident, not yet arrived in this country, but it was expected by every vessel from Valparaiso which may come to Liverpool; and when it was received he would take care that the Association should be informed where such supplies may be obtained. It is no less efficacious as a styptic for internal, as well as external hæmorrhage, given in form of decoction and infusion.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, July 9th, 1840.—

Augustus Prichard, Bristol.
Edgar Cockell, Down, Kent.
William Allard, Tewkesbury.
Edward Smith, Birmingham.

Her Majesty has conferred the honour of Knighthood upon Alderman John Fife, Surgeon to the Infirmary of Newcastle-on-Tyne.

STRANGULATION OF THE SMALL INTESTINE BY THE OMENTUM.

JANE RUSHBROOK, aged 49, had been confined to bed for three years, with cancer of the uterus. Previously to her death the poor patient complained of violent heat, and pain in her bowels; she vomitted, at intervals, a foecal smelling fluid; the bowels could neither be moved by the strongest purgatives, nor by injections; the pulse was quick, wiry, and easily extinguishable; the tongue red, dry, and brown down the centre; she complained of intense thirst, but the stomach rejected everything, fluid or solid. After these symptoms had lasted two days without being in the least alleviated by medical means, the patient succumbed to the disease.—The intestines, when exposed, presented a remarkable appearance. On the left side they were of their natural and healthy colour, forming a curious contrast with those on the right, which were of a deep red, approaching to black, and nearly gangrenous. The gas which escaped, when the intestines were cut into, was of an intolerable odour. The inflammation had attacked the peritoneum also. Seeking the cause which produced such an unusual line of demarkation between the healthy and unhealthy parts, it was found that one of the small intestines had protruded itself through the omentum, and become strangulated by it. A quantity of hard fæces had collected just before the place where the omentum encircled the intestine, causing the omental ligature to be drawn more tightly. The uterus was the only other part diseased. A. B.

July 6, 1840.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.
Lat. 51° 37' 44" North, Long. 34° 45' West.)

JULY.	THERMOMETER.		BAROMETER.		RAIN.		WIND.	WEATHER.
	Highest.	Lowest.	Highest.	Lowest.	Inch.	Dels.		
5	66	49	29.680	29.620			W.	Cloudy, with rain—fine night.
6	66	47	29.700	29.440			W.	Cloudy—fine night.
7	63	50	29.692	29.522		.04	W.	Cloudy a.m.—rain p.m.
8	69	47	29.706	29.632			W.	Cloudy a.m.—fair p.m.
9	70	44	29.900	29.780		.06	W.	Wind and rain a.m.—fine p.m.
10	67	45	29.900	29.860		.04	W.	Cloudy a.m.—rain p.m.
11	64	42	29.900	29.870			W.	Fair a.m.—fine night.
Mean	66	46	29.782	29.672		.14		

W. JACKSON.

ROYAL COLLEGE OF SURGEONS IN LONDON.—At a quarterly meeting of the council, held on Thursday the 9th inst., John Painter Vincent, Esq., was elected President, and George James Guthrie and Anthony White, Esqrs., were elected Vice-Presidents for the year ensuing.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

The Principles of Population, and their Connexion with Human Happiness. By Archibald Alison, F.R.S.E., &c., Author of *History of Europe during the French Revolution*. In two vols. Edinburgh: Blackwood.

RECEIVED.—Z's Review.—A Subscriber.

A SURGEON.—There is a most deserving society in Yorkshire, established eleven years ago, entitled the 'West Riding Medical Charitable Society.'

The Franz puffery is most glaring. It shall be attended to.

DELTA.—The packet of exchanges has not yet arrived, and one packet of copy has evidently miscarried. Thanks—the 2nd if possible.—Dr. A. not seen yet.

DR. CUMIN'S recent resignation of the chair of Midwifery at Glasgow, is attributed to the bad state of his health.

A. Z. says, "Pray was Mr. Wakley among the thirty-five members present, when Mr. Warburton jumps up to count out the house?"—The list of members present would show who are really supporters of Medical Reform, and who are worthy of having petitions confided to them.

SPANISH EXTRACTION.—Fernando James! "What a fine big name," says a Correspondent, "for a wee body to figure within a criminal court. It must surely be after the notorious Spaniard Fernando Mindez Pinto that our hero was named! and if the former obtained the soubriquet of "liar of the first magnitude," his worthynamessake seems unwilling to let that honourable appellation drop, inasmuch as himself (a true chip of the old block) is concerned; for he swore with the face of brass in a court of justice that he was a Surgeon!! The little man is merely a vender of drugs!!! and no member of any College of Surgeons.

SANATORY CONDITION OF THE POOR.—The Poor-Law Commissioners are making some inquiries into the sanatory condition of the poor of Scotland, and have requested the Magistrates to aid the inquiries in Aberdeen, and put them into communication with the medical men of the city. In reference to a variety of topics connected with the health and condition of the poor, their mode of living, state of their dwellings, the cleaning of the city, &c.

MR. TRUEMAN will perceive that our earlier numbers are to be had unstamped, and a less price than when stamped, and that they may be ordered of any bookseller.

C. W. B.—A letter to the Dean of the Faculty of either Institution would procure the information.

NEWPORT DISPENSARY.—It has been announced that at this Institution, 496 patients have been relieved for £4 0s. 10d., less than twopence each. A neighbouring practitioner says, "probably they were cured by animal magnetism or homœopathy;" and further on observes, "upon referring, I find that the cost of medicine for 496 of my private patients averages six shillings per case, or the whole £148 16s., and let it be understood for medicine alone; and, upon inquiry, I find the cost for medicine for the same number of pauper patients of a medical union to average two shillings and sixpence per case, or the gross amount £61—consequently, it is impossible that for £4 0s. 10d. the number of 496 patients could be supplied with efficient remedies;—if so, I know not what is to become of us poor devils of apothecaries, who—though shame be it said—have no other means of obtaining remuneration for professional skill than the profit accruing from the medicine sent. What must our patients suppose when informed that we can physic 500 of them at a cost of less than £50, or an average of twopence per case? We may well exclaim, "Throw physic to the dogs!"

A STUDENT.—Yes; it savours strongly of the ridiculous to appoint a first year's pupil. We shall see.

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THE MEDICAL TIMES.

FORMER STATE OF THE PROFESSION—INQUIRY INTO ITS RISE AND PRESENT POSITION.

IN the interval which must elapse before the close of the parliamentary campaign settles the question of Medical Reform, as far as immediate legislative interference is concerned—and while the Medical Reformers of the Provinces are completing their preparations for the annual demonstration, which will this year take place at Southampton—it may not be uninteresting or unprofitable to take a review of the comparative state of the profession for the last 300 years. We have already sketched out a partial bibliography of those numerous writers, who have thought proper to denounce and proscribe the "BEASTLY ABUSES both of CHIRURGERIE and PHYSIC" in these realms; and lustily invoked a full and efficient Reform, both of those abuses, and of the institutions which either create or foster them.—The pictures given of the state of the profession in England by contemporaneous writers, from and previously to the restoration of learning up to the present time, all concur in showing its degraded, demoralized, and debased state;—but we shall not pause to consider its condition at that early period, however interesting such inquiry might be in an antiquarian light. Medicine and Surgery were first practised by particular families, and descended from father to son as an absolute right of inheritance. (*Burton in Anatomy of Melancholy, &c.*)—They were afterwards, until near the Reformation, practised by Catholic priests, monks, and even bishops. (*Various Authorities.*) But it appears "there was of old no use of physick," says Burton, "among us, and but little at this day, except it be for a few nice and idle citizens, surfeiting courtiers, and stalfed gentlemen lubbers; the country people used kitchen physick, and saw more in it." Nothing can be more true than what was

asserted by Cato, and often quoted by Petrarch, who ridiculed the profession of medicine, that "whole countries have done without physicians;" perhaps they did better, and lived longer than us. Like America, where physicians of the first education and talents cannot get sufficient employment, they have been with us the consequences of increased population, luxury, intemperance, and all those vices and abuses of body and mind which accompany wealth, and a highly artificial and anomalous state of society, and are by no means so essential or indispensable to human nature in more natural and simple conditions of mankind.

After Elizabeth's reign the respectability of the profession was increased by the collegiate institutions of the previous reign; for the pleasant and amiable Gerard, the great herbalist, mentions the physicians as learned men, but he describes the country as being as prurient of quackery as ever. He says of the then gross and dark state of society: "Let a man excell never so much in any excellent knowledge, nevertheless many times he is not so much regarded as a JESTER, a BOASTER, a QUACK-SALVER, or MOUNTEBANK, for such kind of men even *flatter, dissemble*, make of trifles great matters in praising of this 'rare sort,' or that 'excellent spirit,' or this 'elixir,' or 'quintessence,' which, when it shall come to the trial, nothing shall be found but boasting words." This is that quackery to the life, which forms a knave in England, so often over the heads of men of real talent and genius even in these days. It is precisely the character of a modern Abel Drugger in a vulgar country town, a puffer of simples in physic, and of some *percentage* knave in confederacy with him as a physician.

In the preamble to the Act of the 3rd of Henry VIII, which was the first legislative enactment passed by this country to give a regular form to the profession, the practisers of medicine and surgery are painted in these colours: "The science and *cunning* of physic, to the perfect knowledge whereof be requisite both great learning and ripe experience, is daily within [this realm exercised by a great multitude of *ignorant* persons, of whom the greater part have no manner in the science, nor in any other kind of learning. Some also *con no letters on the book*, so far forth that common artificers, as smiths, weavers, and women, boldly and accustomedly take upon *them great cures*, and things of great difficulty, in the which they partly use sorcery and witchcraft, partly such medicine unto the disease as are very novices, and nothing meet therefore to the high displeasure of God, *great infamy* of the faculty, and the grievous hurt, damage, and destruction of many of the King's liege people, and most especially them that cannot discern the *uncunning from the cunning*;" who are still the most numerous portion of our countrymen. The Statute Book, say many superior heads, is the best history of the country, and this preamble conveys a pretty picture of the unnatural lust of the "BEASTLY IGNORANT and VULGAR ENGLISH" of all ranks at that time as well as since, for

quackery; their habitual disposition to conceal themselves qualified to quack themselves and their neighbours, and to give their opinions in physis like professional persons, as if they knew something about it. Nor less gross has been the natural superstition, credulity, and confidence, with which the ignorant masses of vulgar rich and vulgar poor in this nation have relied upon all sorts of quacks and their trash. We have now hundreds, if not thousands, of practisers of the same low stamp and rank, with the same want of learning, the same disgraceful ignorance, as is described in this forcible language of the statute, attempting cases of great difficulty, and flourishing at the expense of a host of fools. Three centuries since the days of Henry VIII. have not much diminished the grievance of quackery, nor much strengthened the judgment and good sense of English people in this respect.

The state of the profession thus described called loudly for reform. Twelve years subsequently to the enactment which follows this preamble, and which proved very inefficient and abortive in preventing common artificers, smiths, weavers, women, and other rabble from dabbling and quacking in physis, the present College of London was chartered, in order that *none* "should be suffered to exercise and practise physis, but only grave and learned men," and those persons that be *profound, sad, and discreet, groundly learned, and deeply studied in physis.* This was provided because it was unnecessary not only to check in good time the effects, but also to restrain the audacity of unprincipled men, who shall profess medicine more for the sake of avarice, than from the fidelity of a good conscience, whence many inconveniences arose to a rude and *credulous* people." This was the first serious and important attempt made in England to protect the people against their own ignorance and credulity, and to punish by law the impostures and villainies of quackery.

But as we proceed onwards, and adduce contemporaneous evidence, we shall afford abundant proof that the London College of Physicians, founded in the sixteenth century, which is one of what are called "our venerable" institutions, has done next to nothing to amend or restrain the disgraceful state of the profession, and has proved of little or no service.

SUBJECTS FOR DISSECTION.—We understand upon the best authority, that Dr. Somerville is unnecessarily keeping a few private schools without the requisite means for pursuing their dissections. Few persons are now dissecting, and as many persons within about ten per cent. die in summer, as in winter, this conduct on the Inspector's part appears to be equally vexatious to the parties requiring subjects, and dangerous to the public as interfering with the study of anatomy. Perhaps it would ensure the Inspector's better attention to his duties, if an account of the distribution of bodies—with the charges—was regularly published; and if need be, such an account shall be published.

The small-pox is committing great ravages among the emigrants arriving at Quebec. Nearly every ship that arrived last week had the disease on board. On board one ship from Belfast, Ireland, there were sixteen deaths and twenty on the sick list.—*New York Courier.*

COLLEGE OF PHYSICIANS, LONDON.

EXAMINATION PAPERS FOR THE DEGREE OF
M.D.—FIRST EXAMINATION.

IN PARTE PHYSIOLOGICA.

JUNE, 1810.

1. What muscles are attached to the os hyoides, and what is their action respectively on that bone?

2. Describe the circulation of blood through the liver, and the distribution of its blood-vessels.

3. Describe the nerves entering the orbit, and their distribution to the several parts within it.

4. Describe the situation and structure of the pancreas, also its relation to surrounding parts.

5. By what experiments and pathological observations has it been proved that the spinal marrow possesses nervous power independent of the brain?

6. Describe the process of digestion in the stomach, adverting particularly to the observations of Dr. Beaumont on this subject.

7. Describe the situation and form of the cæcum, the anatomical character of its mucous membrane, and the ileocæcal valves.

To be translated into Latin a passage from HIPPOCRAT. de Morbis, lib. i. p. 1.

To be translated into English a passage from CELSI Medicina, vol. i. p. 546.

SECOND EXAMINATION.

IN PARTE PATHOLOGICA.

1. Describe the symptoms of scurvy, explain the essential nature of the disease, and state what are its causes. How does it differ from purpura?

2. State the various points to which it would be necessary to direct your attention in order to enable you to form a correct diagnosis in a case of disease of the heart, under the following heads:—1st, general symptoms; 2nd, physical signs.

3. What is understood by emphysema of the lungs? Enumerate the symptoms which indicate the existence of that disease.

4. Describe precisely the phenomena resulting from an apoplectic clot in one cerebral hemisphere, and distinguish them from those produced by softening of a portion of the hemisphere.

5. Describe the symptoms of hydrocephalus acutus, and the state of the encephalon in that disease.

6. What are the symptoms of ileus? Describe the condition of the parts as seen after death.

7. You are required to determine in what respects the urine of a patient has departed from the healthy standard. Enumerate the various points which it will be necessary for you to investigate.

To be translated into Latin three passages from HIPPOCRATES.

To be translated into English passages from CELSUS and HEBERDEN.

THIRD EXAMINATION.

IN PARTE THERAPEUTICA.

1. State the class and order, both according to the artificial and natural method, of colocyth, scammony, elaterium, belladonna, conium, hyoscyamus, digitalis, ipecacuanha, camphor.

2. State the treatment of rheumatism and gout, as contrasted with each other, and the modifications of that treatment in mixed cases.

3. What is the treatment of bilious cholera?

4. What is the treatment of spasmodic cholera?

5. Describe the preparations of lead in the Pharmacopœia, and how prepared.

6. What are the chief diuretics, and under what circumstances are they respectively applicable?

7. Describe and explain the Pharmacopœia process for preparing hydrochloric acid.

To be translated into Latin two passages from HIPPOCRATES.

To be translated into English a passage from CELSUS.

UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR B.M.

Forty-eight candidates presented themselves for Examination.—Ten were rejected.

Names of Gentlemen placed in the First Division, alphabetically arranged.

Barnes.	Nevins.
Bartley.	O'Meara.
Brush.	Parkes.
Bucknill.	Potter.
Carey.	Powell, (R. H.)
Carlill.	Sewell, (C. B.)
Cooper.	Strang.
Goodine.	Unwin.
Heaton.	Waddy.
Humphrey.	Way.
Miller.	Wing.

Second Division, alphabetically arranged.

Barnett.	Padden.
Bateson.	Powell, (James.)
Carpenter.	Rayner.
Dodd.	Ridgeway.
Dunn.	Sewell, (R. R.)
Fulford.	Smith, (Tyler.)
Goodfellow.	Spackman.
Hamilton.	Williams.

EXAMINATION FOR HONOURS.—TUESDAY,
JULY 14th, 1840.

ANATOMY AND PHYSIOLOGY.

Examiners, MR. KIERNAN and DR. SHARPEY.

Afternoon, 3 to 6.

Candidates may illustrate their answers by sketching the parts they describe.

1. Give the dissection required to expose the course of the Vertebral Artery, from the third cervical vertebra to the Foramen Magnum; commencing at the integuments on the back of the neck, and describing the several parts successively met with in the dissection.

2. Describe the mucous membrane of the Stomach and small Intestine; the description to include that of the ultimate arrangement of the blood-vessels, the Epithelium, the follicles of Lieberkühn, and the glands of Brunner and Peyer. What recent investigations have been made into the structure of the last-named bodies? Describe also the development of the alimentary canal, with the exception of the mouth and fauces.

3. Describe the Erectile Tissue, and state what recent researches have been made into its structure. In what other parts of the body, besides the Corpora Cavernosa and Corpus Spongiosum, has it been said to exist, and what is your own opinion upon this point?

The Select Committee appointed to inquire into the circumstances affecting the Health of Large Towns, have made their report, and we shall in our next present our readers with the important facts embodied in it.

A petition to the House of Commons was presented by Colonel Salway, complaining of the want of protection by medical practitioners, in consequence of the self election of the licentiate bodies throughout the country, and praying for Medical Reform.

**ACTION BY A SURGEON
FOR RECOVERY OF BILL FOR ATTENDANCE
AND OPERATIONS.**

COURT OF EXCHEQUER, DUBLIN.—June 28, 1840.

JAMES HENRY v. H. RYAN, JUN., *Executor of
Florence Charity Rathbourne.*

THIS was an action brought for the recovery of the sum of £182 10s. 10d., the amount of the plaintiff's demand for medicine and attendance, and also fees for the performance of surgical operations.—The defendant was executor of the late Miss Rathbourne. Damages were laid at £400. *Mr. Baker* stated the case.—The plaintiff carried on the business of a surgeon and apothecary at Summer-hill, in this city, and was duly qualified for both. He had obtained his certificate at the Apothecaries' Hall, and his diploma at the London College of Surgeons. There were many persons in this city carrying on the combined practice of both surgeon and apothecary, and going under the name of general practitioners. Their course of business as to charges was regulated in this way—when they did business as an apothecary, they were merely paid as such—and when they practised as a surgeon, their charges were those of a surgeon. *Mr. Henry*, the plaintiff in this case, was called upon to exercise both professions by Miss Rathbourne, since deceased. She laboured under the disease ordinarily known by the name of dropsy. She was in the last stage of the complaint when his client was called in to see her, and he immediately recommended that another surgeon should be called in to his assistance—that was acceded to, and Surgeon Wilmot was called in. They met in consultation, and the subject was whether the operation of paracentesis or tapping should be resorted to—that operation merely prolonged life, and afforded temporary relief to the patient; but he (*Mr. Baker*) believed that a permanent cure was never effected by it. Surgeon Wilmot did not consider the operation necessary at the time. The plaintiff was, however, of opinion that the patient had arrived at that stage of suffering when the operation could do no harm, but would afford relief. The patient laboured, however, under such torture that she determined on calling in another practitioner to see if he would be likely to agree with Surgeon Henry. *Dr. Stokes* was called in, and he met Surgeon Henry in consultation, when the opinion of *Dr. Stokes* was—that it was a case in which the operation for tapping should be performed. The lady on this decided on having the operation performed by Surgeon Henry alone, and the consequence was that it was so performed by him. Miss Rathbourne even refused to permit any other medical practitioner to be present at the operation, though Surgeon Henry besought her to let *Doctor Stokes* be present; and although *Doctor Stokes* was present for the purpose of giving his sanction to the operation, he only waited in a parlour while it was being performed, and did not go to the bed-chamber of the lady on the occasion. The operation was one that should be repeated. It never was performed in the hope of saving the life of the patient ultimately, but solely for the purpose of relieving the sufferer. The first operation was on the 27th of February, 1839, and they continued till the 18th of May, 1839; she lived to the 21st of the latter month. Between these two first mentioned dates, it was necessary that the operation of tapping should be performed several times, and accordingly she underwent thirty-nine tappings—sometimes at intervals of one, sometimes of two, and sometimes of three days—and the oftener it was performed, the oftener was the patient relieved from pain.

He (*Mr. Baker*) had no doubt but that it would be turned into ridicule—it would be the occasion of a sneer, at the other side, the number of times the operation had been performed; but the jury attending to the number and the character of the witnesses the plaintiff would produce, would not suffer themselves to be led away by any such defence.—*Court*: Did not the lady pay any fee to the plaintiff during his attendance on her? *Counsel*: Yes, she made him two small presents, rather than fees, one of five pounds and one of four pounds. Every effort was made by his client to have his claim settled in an amicable way, rather than have it brought into a court of law. He offered to have the matter referred to any two medical gentlemen of respectability whom the executor of the lady might choose. He should tell the jury that during the lady's illness his client had been called in first in his capacity of apothecary, and then in that of a surgeon, so that the charges would be divided—first, for medicine, and then for attendance and operations as a surgeon. The only etiquette observed is that, where the practitioner combines both professions as an apothecary and surgeon, it is his duty not to exercise that of surgery unless when called on specifically to do so. Now, that was not only done in the present case, but the plaintiff was preferred by the patient to any other surgeon. The defendant was not a relation of the deceased—he was a stranger to her family, but in her will she bequeathed £300 to him for his trouble in being her executor. She made Joseph Rathbourne, her brother's son, her residuary legatee, to whom she left the bulk of her property, but with directions that his father should not interfere in any way in the matter of her will. In that will she left specific directions that her body should be opened after her decease, for the benefit of her family, and that the operation should be performed by Surgeon Henry, for which she mentioned he should be paid a sum of ten guineas. The plaintiff having done all this, lay by for a considerable time; he did not apply for remuneration until July 1839, nearly two months after the decease of Miss Rathbourne. He then made application to *Mr. Ryan*, the defendant, as the executor of the lady's will. To that he received an answer, dated 6th July, 1839, stating to the effect that until he (*Mr. R.*) had sold some houses in Glo'ster-street, he could not command a sum sufficient to pay the demand—and further, that the sum demanded was so large that it would be necessary for him to advise in the first instance with some medical gentleman on the subject. The plaintiff, in answer to that, offered to refer the matter to the arbitration of two medical gentlemen; but to that there was no reply given by the defendant. That proposition was never acceded to; and he, (*Mr. Baker*), in order to prove the sincerity by which his client was actuated, now repeated the offer of leaving the demand to such arbitration.—(*Mr. Homes*: Another *ruse*.)—*Mr. Baker*: The amount of the plaintiff's claim was £182 10s. 10d. There were some further communications, until at length the plaintiff, finding the manner in which he was treated, was obliged to employ an attorney. To a letter from the latter to the defendant, an answer was received, concluding with the following paragraph:—"At all events, in my capacity of executor, I must require such portion of the bill as relates to business done as an apothecary to be taxed, and will thank you to make the necessary arrangements for so doing forthwith."—Now, the plaintiff was quite ready to do so. After again calling attention to the classes of charges, counsel proceeded: The deceased herself fixed the rate

of charge for the difficult and intricate operation of tapping. She asked the plaintiff would a double fee be a sufficient remuneration to him for the performing of each operation? He said it would. The plaintiff had furnished his bill of particulars—the items charged for medicine—the number of his visits at the ordinary charge of one guinea each; and for the operations performed by him at two guineas each. The respective amounts were as follow:—

Medicine £26 1 10

Visits—sixty-five 69 5 0

Professional operations—thirty—

seven 77 14 0

Post-mortem examination 10 10 0

Making altogether, £182 10s. 10d.

That was the amount of his client's claim upon the defendant. The latter did not record want of means; therefore, the only question the jury had to try was, whether the plaintiff did or did not perform the services for which he claimed, and in a skilful and careful manner, and also whether his charges were fair and reasonable charges. The deceased had bequeathed in her will a sum of £20 to the plaintiff as a token of her gratitude to him for his great kindness and attention to her during her last illness, but that was refused to be paid to him, on the ground that the codicil containing the bequest had only the name of one witness affixed to it.

Dr. William Stokes, examined by Mr. Curran.—Is a physician, not a surgeon; knows the plaintiff; had seen the late Miss Rathbourne with *Mr. Henry*; heard that her death occurred three months afterwards; the first occasion on which he saw her was on his being in consultation with the plaintiff; *Mr. Henry* and he agreed as to the course of treatment to be adopted for her complaint; her complaint was dropsy; she appeared to have disease of the liver, and considerable disease of some of the appendages of the womb; he and *Mr. Henry* agreed on the operation of tapping being performed on her, and it was accordingly done under witness's sanction; witness considered that there was imminent peril in her case if that operation was postponed for any length of time; it was settled that the operation was to take place on a spot a little above the navel; it was necessary it should be performed there, as the liver was enormously enlarged, and two tumours arose out of the pelvis that made it in a very great degree necessary to select a particular spot for the operation; there is no peculiar nicety in performing the operation of tapping; it is possible there might have been danger in the case of Miss Rathbourne, in respect to the selection of the proper spot on which the operation was to take place; this was in consequence of the tumours.—*Court*: Am I to understand that the peculiar nicety required was in the selection of the spot to be tapped, not in the operation of tapping? Yes.—Did the patient suffer considerable pain before tapping? No, not actual pain, but she suffered from a considerable difficulty of breathing, from which, after the operation, she said she was greatly relieved; her expression was that she thought herself in heaven.—*Mr. Curran*. Do you know how often the operation was performed? I do not, all I know is that I advised it to be repeated; I saw her after it was performed, and I advised the repetition of the operation.—*To the Court*: I, once for all, advised that the operation should be repeatedly performed.—*Mr. Curran*: By whom was the operation performed? By *Mr. Henry*; when he (witness) first adopted the course of recommending tapping, it was not with any hope whatever of saving the patient's life; she was perfectly acquainted with her condition; she

said to witness, that she knew she would die, or words to that effect; left the surgical part of the treatment to Mr. Henry; as to medicine, he advised in consultation, that a diuretic draught should be administered; also, that some opiates should be given; could not swear that these medicines had been administered; had been three times at Miss Rathbourne's.—Can you speak as to the customary remuneration to medical gentlemen for the performance of these operations? *Court*: The question is, what remuneration do surgeons get in such cases? *Mr. Curran*: Are you aware then what fee does a surgeon get for performing the operation of tapping? Yes; his fee is from three to five guineas.—*Court*: Do you mean that a surgeon should get that fee for the first time he performs the operation, or does he get it for every time? I should say each time he performs the operation.—*Mr. Curran*: From what you have seen, would you say that Dr. Henry was competent to perform that operation? *Court*: The question is, did Dr. Stokes see him perform that or any other similar operation? No; I only saw the lady after the operation had been performed. While he was drawing off the water after the puncturing, I merely pointed out the proper spot for the operation. As far as I could judge, the operation was skilfully performed.—*Mr. Curran*: Did the lady give expression to any particular feelings towards Dr. Henry before you? Yes; she expressed herself in terms of the greatest possible gratitude towards him for his kindness and attention to her. She spoke in the warmest terms of him.—Did she say anything before you of him, in that way, as to his skill? I believe she did also so express herself towards him for his skill.—Did you see the puncturing performed? No; I was not present at the puncturing. The lady's delicacy would not permit her to have two male persons present in her bed-room at the operation.—*Court*: Did you ever perform the operation of tapping? No; I have never performed such an operation myself.—*Mr. Curran*: Do you know whether she expressed a wish that none but Mr. Henry should perform the operation? I cannot swear.—Cross-examined by *Mr. Holmes*: It was in or about the middle of February, 1839, that I was at Miss Rathbourne's; I examined her to ascertain whether the operation of tapping would be beneficial to her or not; I cannot swear that it was I exactly who formed the opinion as to the proper place for tapping; I know it was between us; she had dropsy in the belly; tapping for the disease in that place is performed more commonly below the navel; generally near the navel; the space upon which the operation is performed there is rather confined.—*Mr. Holmes*: It requires, I should think, no great depth of surgical skill to know the region in which the operation should be performed? It does not.—When did you see the lady again after that first operation? In a few days after that I saw her a second time; it might have been from a fortnight to three weeks, from first to last, when I saw her a third time; I never saw her subsequently to this last visit which I have mentioned.—In puncturing to what part does the instrument penetrate? It penetrates to the cavity of the abdomen.—To what depth? From an inch and a half to two inches.—What bad consequences may result from tapping? The operation may be often followed by inflammation, when the whole of the fluid is taken away; it was on that account that I determined on frequent operations drawing off the fluid in small quantities.—How did she seem to feel when you next visited the patient after the first operation? When I saw her a second time, she had been relieved, but the

fluid was accumulating again. The operation was performed with a small instrument; I know Mr. Wilmot; he is considered very highly of in his profession as a surgeon.—Are medical men generally called in on consultation before tapping; I mean physicians? There is no rule upon the subject, but it is common to do so. A physician does not operate in such cases unless where no surgeon is to be had. When I saw the lady I had no hope of her recovery.—Now, does any patient ever recover from that complaint? Not frequently; but people do sometimes recover from dropsy.—After being tapped? Not frequently; but I have known instances of recovery sometimes, and I have also read of a few.—You had no hope, you say, of the lady's recovery when you first saw her? None.—Now, I thought that physicians never despaired? Sometimes they do.—I have heard that in cases of fever there is always hope. Is that the fact?—Sometimes there is.—To what do you attribute this complaint?—Dropsy is commonly the result of organic disease. In the present case I consider it to have been produced by complaint of the liver and other diseases.—Did you prescribe for the disease of the liver? No; I did not advise means for the cure of the liver complaint.—*Court*: Do apothecaries, not surgeons, perform the operation of tapping? I do not know; but certainly they ought not to do so if surgeons are to be got.—Do you consider the operation of tapping as being one of peculiar difficulty? I do not.—Did you consider the operation of tapping in this case as differing materially from common or ordinary operations of tapping? Not unless in the fact of its having been performed above the navel. There was not more difficulty in the performance of the operation, but there was something to be apprehended from the organic diseases.—*Ann Conran examined*: She deposed that she acted in the capacity of servant and nurse-tender to the deceased during her last illness; her late mistress had sent her for the plaintiff sometime in the spring of 1839, and he came in consequence: the witness proceeded to state her having heard her mistress refuse to have the operation of tapping performed on her by any but the plaintiff; she kept an account of the number of times the operation had been performed; the way she kept an account was by drawing a stroke with ink on paper to mark each operation. Miss Rathbourne, one day, in witness's presence, wanted the plaintiff to make up his bill if he wanted money, but he said he did not require it: deceased asked him what he would charge for the operation of tapping her? he said he would leave it to herself; she then asked him if he would be satisfied with a double fee, and he said he would; he came to visit her every day; deceased told her that Mr. Henry Ryan would pay Dr. Henry when she was dead and gone, and she hoped there would be no dispute about it: heard a conversation between plaintiff and her mistress; it was that he was to examine her after her death, and that he was to get ten guineas for it; she bid witness remember that.—On her cross-examination, it appeared that there was no date to the paper on which the number of operations was marked in ink-strokes; the witness stated that she was induced to keep the account out of her own head; her mistress used to ask her how often she had been tapped, also persons who used to come in to see her.—*William Nugent*, formerly an apprentice to the plaintiff, was examined, and gave testimony as to medicine supplied by his master to deceased.—*Pakenham Beatty*, apothecary, was examined; he proved the plaintiff's certificate from the Apothecaries' Hall.—*Cross-examined*: The professions of an apothecary and physician are united in

the same person sometimes.—Is it usual for the same person to practise as a doctor, and to make up drugs as an apothecary? It is frequently the case.—What is the common fee allowed by the Apothecaries' Hall here to an apothecary for a visit? Five shillings.—*Court*: Do you mean to say that an apothecary is paid five shillings for every visit? I am sorry so say they are not. Sometimes more may be given; but they cannot by law enforce more than five shillings for a visit.—*Court*: I thought their fee was but half-a-crown.—*Mr. Whiteside*: That is the custom in England.—Plaintiff's diploma as a member of the College of Surgeons in London was then put in and read.—Case for plaintiff closed.—*Mr. Brewster* addressed the jury for the defendant. The present was certainly one of the most extraordinary cases he had ever heard of in the whole course of his experience. He did not know of any trade or profession in Dublin half as good as this combined one of the plaintiffs. Why, they could have the assistance of Surgeons Wilmot and Colles, and the surgeon-general, for one-half the cost that they could that of this London surgeon and Dublin apothecary. See his moderate demand: he attends a patient for three months, and for that he charges the sum of £182 10s. Why, at that rate, he would have, for attending a patient for one year, very close upon £800. If he (Mr. B.) should ever have the misfortune to be sick, he would call in one of the first surgeons in Dublin, who would take a fee of one guinea, and call upon him the next day to see him and take nothing; but here was a London-bred surgeon, who charges the moderate fee of £3 for calling to see how his own medicine operated. He (Mr. B.) had no doubt that he was kind and attentive to the dying lady—and that he had hoped to be remembered by her, by a legacy in her will, and that being disappointed in that, he turned his bill into the moderate charge of three guineas a day. But he hoped the jury would disappoint him.—After some further observations, Mr. Brewster concluded, and witnesses were called for the defence.—*Samuel Wilmot, examined by Mr. Whiteside*: Was an assistant of the Royal College of Surgeons; knew the late Miss Rathbourne; saw her several times. On the 15th of February, 1839, he was sent for to see her; it was then proposed to him, by Mr. Henry, that she should be tapped; she was weak at the time, but she was not suffering from any difficulty of breathing, nor did there appear to him any symptoms calling for such an operation; witness said on the occasion that the case was such that he would wish to share the responsibility with some other. Did not hear from Mr. Henry after that, nor of the lady afterwards; never heard of the operation of tapping being done the second time in the same place; it might be so performed after the lapse of some months.—Have you ever known of the operation of tapping having been performed thirty-nine times in the same place? Never: nor do I think it possible that it could be borne by any patient. I never heard of an operation of the kind having been performed thirty-nine times in the same place.—*To the Court*: The introduction of a sharp instrument, like that used in these operations, could not be repeated often in the same wound without inflammation following.—How often might the operation be with any safety performed? Perhaps once in two or once in three weeks in a case of necessity.—*Mr. Whiteside*: What fee did you get for your visit to that lady? One pound was all I got; they generally forget the one shilling.—Did you ever practise so extensively as to have 39 tappings in two months? Never.—How long

have you been practising surgery? I am now five-and-thirty years in the profession.—*Cross-examined by Mr. West, Q.C.*—Surgeon Wilmot, there is no one at our side in this case means for a moment to dispute your great respectability, but allow me to ask your opinion as to the respectability of Dr. Stokes? I have the very highest opinion of Dr. Stokes; there is no one whose assistance I would rather have as a physician, but not as a surgeon; when I expressed my wish to Mr. Henry to have another professional man to share the responsibility with me it was a surgeon I meant; it was when I saw the lady on the first occasion that the question of tapping was raised; the reason why I wished to have the aid of another surgeon was, that the patient was so ill from other diseases that I considered there might be danger in the operation, and I did not, therefore, consider it safe without another; sometimes a person suffering under the disease would sink quickly; but she had no difficulty of breathing or other symptoms of immediate danger, and that made me not think the operation to be necessary at the time; if she had laboured under difficulty of breathing I might have recommended tapping.—You say that the operation of tapping could not be performed thirty-nine times in three months on the same patient. Do you mean to say that that would be physically impossible? It would be physically impossible that it could be borne by any patient. It would be impossible, where the operation would be repeated so often, that a sufficient quantity of water could be accumulated in the cavity of the belly to guard the intestines from being wounded by the instrument.—If there was much inflammation existing, would that warrant the operation? That should prevent it.—*Mr. West (to the Court)*: I was not in at the time, but I understand that Dr. Stokes advised the operation frequently. *Court*: He advised it once, and to be repeated.—*Court*: I do not think that the present witness actually advised against the tapping, but he wished that another should share in the responsibility with him.—*A Juror*: What fee would you expect, Surgeon Wilmot, for performing the operation of tapping? I would not object to two guineas, but we often get more, according to the person's circumstances.—*Mr. Holmes*: You would not charge at the rate of two guineas each tap, for tapping the same patient thirty-nine times in the space of two or three months. I could not charge it because I could not do it so often.—*William Henry Porter, examined by Mr. Henry G. Hughes*: Witness is a member of the Court of Assistants of the Royal College of Surgeons, is familiar with the operation of tapping; that operation is performed by making a puncture in one of the great cavities of the chest or of the abdomen, to draw off the fluid that might be contained there.—Is there not a class of operations in surgery termed "capital operations?" Yes.—Do you think that of tapping comes under this class? I should think it should be one of those. By capital operations I mean those operations which may involve life or death.—Now in the course of your experience, what may have been the average number of operations you have known as being performed on the same patient, in the course of, say three months? That would depend very much on the nature of the case.—*Court*: What may have been the greatest number you ever knew in that space? Four or five in the course of three months; and that, I think, is perhaps stretching it rather to the outside.—After the first puncture, would it be possible to introduce the instrument into the same wound again? Anything would be possible; but it would be very bad to do so; I never heard of such a thing having been done.—If so, what would you think

of the instrument having been introduced thirty-eight or thirty-nine times into the same wound? I am not competent to speak to that, never having contemplated it as a possible case.—In performing the operation of tapping is there any risk of rupture of blood-vessels? I think not, except from wilful ignorance—there is no danger of hæmorrhage.—If advising an operation, whether would you call in a physician or a surgeon to your assistance? As to advising, I would perhaps feel indifferent as to which I would call upon. But if I were about to determine upon the operation, I would call on a surgeon for aid.—*Cross-examined by Mr. Baker*: Dr. Stokes is, I believe, a gentleman of great eminence in his profession? Certainly.—Were you present at the examination of Dr. Stokes here in court? Yes.—I think Dr. Stokes stated that he had recommended the operation, and that it should be repeated frequently.—I heard him state his recommending its being repeated.—You have no doubt but that that gentleman is capable of forming a correct opinion of what should be done in such a case? I have the highest opinion of Dr. Stokes' capability.—*Court*: I have read my notes of Dr. Stokes' evidence, and what I find on them is that he advised that the operation should be repeated. But you can have Dr. Stokes again.—*Mr. Hughes*: For performing the operation of tapping what may be the fee? From a person in good circumstances, I would think myself as being underpaid unless I received three guineas for each operation that might be necessary.

Mr. West was heard in reply for the plaintiff, and the case closed on both sides.

His Lordship summed up to the jury, who, after a few minutes' consultation, found a verdict for the plaintiff, £66 damages, and 6d. costs.

ROYAL COLLEGE OF SURGEONS, LONDON.

NAMES OF GENTLEMEN ADMITTED MEMBERS DURING THE MONTH OF JUNE, 1840.

H. J. Foy, Taunton; W. W. Humby, Upper Norton-street; T. Nurse, Barbadoes; C. Brady, Blackfriars-road; W. Blackburn, Saddleworth; J. A. Graham, Madras; R. Tuthill, Bombay; H. Green, Cork; J. Fitzpatrick, Lowhill, Kilkenny; E. S. Scanlan, Listowell; R. Milmer, Manchester; J. D. Fidler, Whitehaven; V. W. Blake, Kennington; S. Williams, Chester-place, Kennington; T. Hastings, Longham, Norfolk; W. Keates, Seymour-street, West; W. Williams, Mold; J. R. Bedford, Pall Mall; G. M. Stansfeld, Leeds; J. J. M. Wardrop, Charles-street, St. James's; W. J. Lambert, Thirsk; J. Murphy, Cork; J. Morrill, Bermondsey; C. D. Finch, Greenwich; J. L. Hanley, Shrewsbury; R. B. Howlett, Stepney; H. S. Taylor, Guildford; E. Cullen, Dublin; C. R. Alexander, Cork-street; T. Gravely, Cowfold, Essex; J. R. Owen, North Shields; R. L. Bean, London; J. E. Jennings, Coleford, Gloucester; W. O'Grady, Galway; H. H. Dearsly, Brentwood; J. S. Rodd, Evesham; W. L. Cameron, E. I.; J. Cowen, Stokestown, Roscommon; W. W. Munckton, Currey Rivel, Somersetshire; G. A. Rountree, Cork; W. J. Acton, Shillingston, Dorsetshire; T. Seaton, Chatham; A. M'Kee, Money-more, Londonderry; T. Godfrey, Stamford; F. O. O'Neill, Belfast; George Mackay, Castle Connell; A. N. Hawthorne, Dublin; G. Parry, Fakenham; T. Davies, Brecon; W. R. Warren, Exeter; R. M. Allen, A.; R. J. Mann, Norwich; A. Harkin, Belfast; O. Ricketts, —; J. Taylor, Bayswater; G. J. Eady, Atherstone; J. Burley, Guernsey; H. Bedwell, Gloucester; H. Armstrong, Cheltenham; F. Andrews, Newport, Isle of Wight; W. Ward, Horncastle; H. J. Brown, A.; F. Gaskell, Chelsea; J. Blake, Gosport; J. E. Whale, Peterborough; R. Turner, Tannington; J. Hughes, Brecon; H. Lambert, Drewsteignton, Devon; G. Gillett, Halvergate, Norfolk; A. M'Clatchie, Ballybay; J. P. Burke, Killaloe; T. Phillips, Dublin; J. Jeffcott, Dingle; T. C. Temple, Cliburn; E. Jones, Dolgelly.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Journal de Chimie Medicale.
Journal de Pharmacie.
L'Echo du Monde Savant.
Revue Scientifique et Industrielle.
Annali Universali di Medicina.
Bulletin de la Société Anatomique.
Bulletin Chirurgical de Laugier.
Bulletin Therapeutique.
Gazette Medicale.
Gazette des Hopitaux.
Gazette des Medecins Practiciens.
L'Esculape.
Archives de la Medicine Belge.
Medicinische Annalen.
Monatschrift fur Medicin.
Hufeland's Journal.
Müller's Archives.
Medicinisches Correspondanz-Blatt.
Medecenische Zeitung.

Quesneville's Revue Scientifique et Industrielle contains an article 'On the Treatment of Cutaneous Diseases,' as practised at the Hospital Saint Louis, from the lectures of Dr. GIBERT, the successor of the late BIETT.—*Sulphureous preparations* are the grand panacea at St. Louis for all diseases commonly designated as *Dartres*. Flowers of sulphur alone, or combined with magnesia, in doses from thirty to sixty centigrammes, are efficacious in *eczema*, *impetigo*, *lichen*, and *prurigo*. Externally, with the addition of alkali, it is the specific used for the itch; but Dr. Quesneville has published particulars of a far more efficacious and less offensive preparation, the chrysallized sulphure of sodium. This is known in the 'Pharmacies' by the name Extract of Barèges, inasmuch as in solution it constitutes the Barège water.

Sulphureous fumigations, or Sulphureous Acid Gas, applied to the skin by means of the fumigation boxes of Darcet, heated to the temperature of 45 deg. R., are an excellent remedy in many rebellious *dartres*.

Baths of Barèges Waters are considered to be the most efficacious means of applying sulphur to the skin. The sulphur of potass is employed in the hospital, but in private practice, says Dr. Gibert, "I use almost exclusively the sulphure of sodium of the chemist Quesneville, sold as *Extrait de Barèges*." From 60 to 125 grammes with 125 to 250 grammes of gelatine are put into each bath.—The *Thermal waters of the Pyrenees* are also imitated with advantage at St. Louis.

The *Sulphure of Lime* in ointment is extensively used in *herpes circinnatus*, *pseudo tinea*, and many other cutaneous affections. Mixed with camphorated oil, it is a good remedy for psora.

Mercurial preparations are good, but lotions and baths of sublimate, so much vaunted, have not succeeded in the hands of Dr. G. They have a desiccating and irritating effect, which is not favourable to the return of suppleness and polish of the skin. The *deuto-chlorure* is an excellent caustic.

Vigo's plaster cum Mercurio is excellent in the *Syphilides*.

Mercurial Oxides and Salts are applied in form of ointment with advantage to chronic diseases of the skin, and enjoy a decisive solvent power. The *ammoniacal white precipitate*, and the *red precipitate*, which is still more active, are the best of this class.—The *red precipitate* is employed in chronic ophthalmia from vesicular or impetiginous eruptions of the eyelids, according to the following formula: rose ointment, 8 grammes; red precipitate 30 centigrammes; laudanum, 10 drops.

The *Acid Nitrate of Mercury* is a potent caustic employed in the excoriated tubercles of lupus.

The *Citrine Ointment* is objected to in psora on account of its tendency to produce vesicular and even pustular eruptions, and its special action is said by the author easily to produce salivation. (*Quere*, is this found to be the case in England?) Metallic mercury and alterative doses of calomel are administered in chronic impetigo, in mentagra, and the *couperose*.

The *Nitrate of Silver* is recommended to be applied lightly over eczema or chronic impetigo. In strong solution it is considered almost specific in all the phlegmasiæ of the external and internal tegument. The eczemata of the nostrils, ears, and anus, are specially benefited by this caustic.

Antimonial preparations, at one time so vaunted in *dartres*, are now exploded. *Cupreous preparations* must also be employed with circumspection. *Kunkel's Topic* (which must not be confounded with his antimonial lozenges) singularly exasperates *eczema* and other cutaneous affections, accompanied by irritation.

Arsenical preparations, much lauded in England, are not considered by the author as entitled to confidence; he has seen lepra, psoriasis, impetigo, lichen, and chronic eczemata, imperfectly cured by this remedy, but the diseases have returned, so as to prove nothing in favour of the remedy.—We will endeavour to give the author's experience on chlorures, iodures, neutral salts, alkalies, and the anthraco-kali, which differs nothing in its properties from other alkaline salts.

Rheumatic Facial Hemiplegia cured by Galvanism.—The *Gazette des Hopitaux* reports this case. The patient, who had been subject to headache, remarked, on rising in the morning, that his mouth was strongly drawing to the left side, the right eyelids were incapable of being closed, and the eye was almost motionless. The conjunctiva was inflamed, and the retina very sensible; the cavity of the nostril was diminished, its parietes was immovable, and the nose deviated to the left. The lips retained slight sensation. The mouth on the right side was closed, but on the left wide open and drawn upwards, especially on speaking or laughing. The hearing small, and tastes were unimpaired. A buzzing noise was perceived in the ears, the speech was affected, and especially during the articulation of the labial letters, which the patient ascribed to the striking of the point of the tongue against the right side of the lips, because its deviation was not in proportion to that of the other parts. He was unable to whistle or blow forwards. I note this particularly, because in a case of simulated palsy, which the medical men here have not been able to detect, the patient does blow forwards, which may be taken as one proof of the imposture.—The absence of cerebral symptoms, and the previous exposure to a current of air directed upon the affected side of the face, raised a supposition of rheumatic hemiplegia, as described by different authors, who recommend galvanism for its removal. The reporter of this case, Dr. Luneville, employed a galvanic pile of fifty pairs of plates, of seventy-three square millimetres each. The patient seated, directed a wetted conductor of the vitreous or positive pole, sometimes behind the right ear, at the point where the facial nerve leaves the cranium, at others upon the side of the neck, where the cervical nerves expand in anastomosis with the descending nerves of the facial; also upon the course of the pneumo-gastric nerve, as indicated by the pulsations of the primitive carotid. Dr. L., armed with the other conductor, travelled in succession over all the affected parts, which were cured after

twelve operations, half an hour each time, with an interval of repose.—Care must be taken not to apply the negative, instead of the vitreous or positive conductor, to the origin of the facial nerve, or the cervical, or the pneumo-gastric, as above mentioned, for an error of this kind would render galvanism useless.

MEDICAL JURISPRUDENCE.

SULPHUROUS ACID GAS.—ITS EFFECTS ON VEGETATION.

VIEWED in relation to forensic medicine, a knowledge of these effects is of acknowledged utility. The *distances* at which it operates, and other collateral circumstances, do not appear to have been sufficiently acknowledged; on this account the following is given:—A dyer inadvertently submitted to the action of fire a quantity of the refuse of dye-stuffs, containing at least seven pounds of sulphur, avoirdupois weight. This was about 6 o'clock a.m. At 11 a.m., in a succession of contiguous kitchen gardens, one separated by a wall eight feet high, and in a nursery distant about four hundred yards, the various pot herbs, young trees, and other vegetables, though in different degrees, were observed to be *blanched*; and in a few instances vegetation was entirely destroyed. The day was rather moist and sultry, thermometer 62° Fahrenheit, and a faint breeze from S.W. The effects of the vapour were distinctly perceptible, in a line from the furnace of the dye-house, to near the extremity of the nursery, or about *four hundred and eighty yards*. Beyond this, a high wall, with a park of aged trees, intervened, and no farther traces of the effects could be observed. The chimney from which the fumes issued does not exceed thirty feet in height, and from the state of the atmosphere, and the great specific gravity of the sulphurous acid gas, 2.222 according to Thomson, must have almost immediately descended, as the nearest vegetable injured was not above forty feet distant. We need hardly remind the reader that this gas has long been used in the whitening of worsted stuffs, and straw, and also, when combined with water, for which it has a great affinity, in the process of bleaching. Its action on vegetables may be beautifully shown by suspending a rose in the upper part of a glass vessel, open at each end, and placing over it a dish with burning sulphur, leaving an opening below for the admission of air. Though the colour of the rose is thus banished, it is not destroyed; it may be recalled by immersion in highly diluted sulphuric acid. It is also worthy of observation that, in this way, the vitality of the flower is not injured; so that this blanching may be done on one or a few roses of a plant, which afterwards continues quite healthy. Here the practical chemist stops, and it may be a question for the medical jurist, to determine how far, in other circumstances, the process of vegetation has been interrupted, or altogether destroyed. On this it is not our purpose to enter, satisfied, for the present, if we have been the means of directing the attention of the profession to this not uninteresting subject. In the prosecution of those inquiries, we need not remind the *seniors*, although we may the *juniors* of the profession, that the anatomy of vegetables corresponds, in a measure, with that of animals—that there is a *threefold* system of absorbent vessels, one branch of which is designed to imbibe the nutritious moisture of the earth, as the lacteals imbibe the chyle, in the stomach and intestines of animals; another to imbibe the water, and part of the component parts of the atmosphere, opening its mouths on the cuticle of the leaves and branches, like the cutaneous lymphatic system; and a third to imbibe the secreted fluids from the internal sur-

faces of the vegetable system, like the lymphatics of animals. All these, having peculiar actions, may, when exposed to certain accidents, absorb what is hurtful to vegetation, or the contrary. In the present case any attempt to ascertain the actual presence of the acid, supposing it to have been absorbed by water, was precluded by the heavy rains which had fallen before we were made aware of the circumstance.

R. A.

Kinross, July, 1840.

FOREIGN HOSPITALS.

HOTEL DIEU.—M. BLANDIN.

White Swelling—Amputation of the Thigh—Constant Hæmorrhage until Death.—Phlebitis, with Obliteration of the Femoral and two Iliac Veins of the affected side, not suspected during Life.—The knee was very voluminous, and its form was changed by many projecting soft tumefactions in the inside, with sense of fluctuation in the joint. The patella was pushed forward from the condyles. Leeches, discutients, and pressure with the dextrine bandage, were tried without success.—The thigh was amputated, the articulation contained pus, the cartilages were almost entirely eroded, the bones were denuded and carious, and the inter-articular ligaments softened and ulcerated. The synovial capsule was fungous, and this diseased state was continued *between the cartilage and substance of the bone*, as M. Blandin particularly pointed out. The cartilages were easily detached from the extremity of the bone, and the tumentous substance was found between the two, and was evidently continuous with the capsule.—On the day after the operation, M. Blandin removed the dressings, which, though unusual in France, is his constant practice. The stump had bled during the night, a vessel was tied, the lips of the wound were brought in contact. The patient suffered both in the bowels and the stump, with difficulty of passing the urine. The tongue was white, and the traumatic fever intense.—The eight first days after the operation these symptoms continued. The ganglions of the groin became swollen, and a constant discharge of sanguinolent serum took place from the wound. The stump was swollen, but no superficial vein was remarked.—The patient was not thought to be in danger. Two days before death the stump bled. A few hours before the close of life, the man became suddenly insensible, his eyelids fell, the pupils were dilated, but no contraction occurred in the limbs.—The respiration was hurried, and the sanguinolent discharge was increased. Twice in the course of the symptomatic fever thirty leeches were applied, first to the groin, then to the head. The man was not bled, which seems to have been an error.—Dissection. The brain possessed its natural consistence, but the quantity of serum was more considerable than usual. The grey substance of the *striated bodies*, and the optic thalamus, were of a marked slate colour. The lungs seemed turgid, but the other viscera were sound.—On cutting the stump longitudinally, the medullary membrane projected considerably into the stump, of a mushroom shape. The artery of the amputated limb was healthy, but the femoral vein was full of pus, which in certain places was almost solid, and assuming the form of the vessel. Nothing but liquid blood was found in the deep femoral. The external and the primitive iliac veins were also filled with pus. The internal iliac veins presented no trace of inflammation at the place where the primitive iliac throws itself in the lower vena-cava. The passage of the pus into the circulation was impeded by a clot of blood.—The constant bleeding was ascribed to the obstruction in the circulation through the veins by the aforesaid clots, which also intercepted the flow of pus, and thereby prevented the occurrence of those symptoms which characterize phlebitis.—(*Gaz. des Hopitaux*.)

HOSPITAL LA CHARITE.—M. VELPEAU.

Fatal Affection of the Genito-Urinary Organs—Metastatic Abscesses—Rare morbid Production in the Bladder. (Cystite Couenneuse).—An individual, sixty years of age, suffered horribly for

upwards of thirty-six hours with retention, from a stricture of long standing. Unavailing attempts to introduce the catheter at various periods had produced a false passage. On the first day of his admission to the hospital, it was impossible to introduce the finest bougie; but the warm-bath, together with leeches, which were prescribed on account of the great irritability of the urinary canal, relieved the patient, by enabling him to void a small quantity of urine. On the second day the irritability having subsided, a small bougie was passed, and every day a still larger one, being gradually increased in size.—In the second week, notwithstanding this promise of amendment, he was seized with symptoms not noted by the reporter of the case, which carried him off in forty-eight hours.—On Dissection, the bladder was lined by a thick false membrane, of a whitish grey aspect, resembling the buffy coat of blood, and characterizing a *cystite couenneuse*, an inflammatory complaint producing a membraniform secretion.—The *metastatic abscesses*, an affection which so frequently occurs in urinary maladies, from phlebitis as generally supposed, were discovered in the upper part of the right thigh and the arm. These parts were examined in consequence of the patient having complained of pain in them. The pus was found in layers, but no symptoms of phlebitis or purulent absorption had existed during lifetime.—The *ureters and the kidneys* seemed to have been inflamed, but no alteration was discovered in any of the vessels, as in phlebitis.

MEDICAL OBITUARY.

At his residence, Great Witley, Adam Dods, M.D., aged 58.—At his residence, Henrietta-street, Covent Garden, Thomas Clerke, Esq., M.D., aged 62.—At Dailly, after a short illness, David Dick, Esq., surgeon, aged 32, whose premature death has caused a deep sensation of regret.—In the Jungle, near the Attaran River, East Indies, Dr. Woodford, of the H. C. 63rd Regiment. Dr. Woodford was shooting peacocks, when he was surprised and killed by a tiger.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

DR. BURNE, OF WESTMINSTER HOSPITAL.
NO. II.

ADMIRING and amazed we followed in the Doctor's wake, as with stately step he continued his round, halting awhile at the bed-side of one or other of his patients—now going through a bit of impressive pantomime which may thus be Hudibrastically described:—

He hum'd and ah'd—looked wise with might and main—
Then shook his head, and hum'd and ah'd again:

Or when he did speak t'was with

A modest confidence and calm assurance
Which lent his learned incubations pith.

His stethoscopic achievements, however, were transcendent—we had studied auscultation attentively, but the novel and extraordinary views of the Doctor threw us completely at fault, and would, we venture to say, have astonished Laennec himself, could he have been recalled into the flesh. At length he arrived at one of the beds, over the head of which was appended a ticket denoting that its occupant was the subject of gastritis. A few inquiries made and responded to, the Doctor thus addressed his class: "*Gentlemen,*" observed the functionary, and the astonished pupils stared in every direction as if in search of those whom the speaker could possibly be alluding to, "*gentlemen,*" he continued, "*gastritis is by no means an uncommon disease, and I shall give you a lecture on the subject in a day or two—there are three forms of the disease, sero-gastritis, muco-gastritis, and gastritis proper;—this is a continued case of subacuto-chronico-peritoneo-muco-gastritis.*" The remaining patient, who now awaited the approach of our Physician, was a young woman labouring under what some were sceptical enough to denominate syphilitic sore throat; but the indiscriminating, the non-pathological, now received a correction, for already had the Doctor's pen traced in large characters the title of *subacuto-chronic, laryngo-tracheitis, et epiglottitis*. "Well!" exclaimed the exalted object of our theme, "has Mr. W. seen this case?" "Yes, sir," was the reply, "and thinks the patient ought to be removed into the surgical ward." "Ah! ah! indeed!—well, I must see about it; this is an urgent case, and I was proposing to Mr. W. the operation of tracheotomy, as the respiratory obstruction depends on a pathological congestion of the laryngo-tracheo-epiglottidean structures. Will Mr. W. be here to day?" demanded the Doctor from the foremost of his class, who enjoyed a certain surgical reputation from being accustomed to roll sore legs and draw teeth in the surgery. "Oh yes, sir," Mr. W. has seen it, and says it is only syphilitic sore throat, together with a good deal of humbug."—"What?" exclaimed the dignitary, "sore throat!"—a pause ensued, which was quickly terminated by the never-failing observation, "Well, I must see

about it." Thus finished the visit of the Doctor—an exhibition of pedantry, which, however redolent of a certain species of talent, might have been most advantageously alloyed with a little common sense; were we inclined to be severe, we might term it an exhibition contemptible in itself and valueless in its application. In this instance, at least, the conviction forced itself upon us that

"God never made his works for man to mend."

As an author Dr. Burne does as much for himself as in his capacity of Hospital Physician—in the former, striving to write, and in the latter, endeavouring to talk himself into practice. Two books have emanated from his pen—one having scientific pretensions, has for its subject what the Doctor terms "*Adynamic Fever*"—the other, ad captandum vulgum, "*On Constipation.*" Of these we boldly predict that speedy oblivion will be the fate, and that the uncalled-for sheets will finally fulfil their useful destiny of enveloping the wares of buttermen. Do not deem us harsh, gentle reader, for if you will take the trouble of referring to the works in question, we doubt not of your concurrence in our opinion: the Doctor has likewise given sundry papers to the world, which, however, deserve but little notice. The members of the Medico-Chirurgical Society were amused last session by the reading of one on "*Acute Gastritis.*" As a lecturer, Dr. Burne's address is pleasing and his delivery fair; but the spirit of egotism pervades his prelections to such an extent as to make them well nigh unbearable. His matter is trivial and uninteresting, and he exults in verbal coinage, and the detail of unimportant minutiae, dwelling impressively on fine fangled hypotheses of his own, such as 'the invariable incipience of cholera at the hour of 3 A.M.'—'the occurrence of pneumo-thorax from subacuto-pleuritis'—'the dependence of spasmodic asthma on adhesions of the pleuræ'—'the attribution of specific lobular hepatisation as the morbid essence of pertussis,' &c. &c.—"*Parvis rebus placentur parvi animi.*" In the lecture-room no less than in the hospital wards our hero certainly constitutes an example of scientific foppery and affectation; and we are tempted to ask—while such men as we have described are to fill the offices of public teachers, what right have we to complain if in after times we look in vain for men capable of pursuing, even with moderate success, the higher paths of the profession?

It has been officially announced that Charles Locock, Esq., M.D., has been appointed First Physician-Accoucheur to her Majesty, Robt. Ferguson, Esq., M.D., Second Physician, and Richard Blagden, Esq., Surgeon-Accoucheur.

In the House of Commons, Mr. Serjeant Jackson presented a petition from the Medical Practitioners of Brandon, complaining of the Grand Juries' Act, as it related to the remuneration of medical witnesses.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

FRACTURES, AND THEIR TREATMENT.

I COME next to speak to you respecting the TREATMENT of Simple Fractures. I have already mentioned generally the indications of treatment in fractures which are to remove the broken extremities of the bone from the unnatural position into which they may be thrown, and to bring them into exact apposition, and to retain them by suitable mechanical means in a state of as perfect rest as we can accomplish, these means being combined with appropriate treatment for the occasional symptoms that may attend the case. Now the circumstance of retaining the broken ends in apposition to each other, and of keeping them quiet in that state, requires of course that the patient should remain in one position for a considerable length of time: usually it is found necessary to confine the patient to bed during the period occupied in the consolidation of the fracture. It is requisite, therefore, that the bed to which the patient is thus to be confined should possess certain properties, or qualities, which are calculated to answer the ends that we have in view; at all events, it is very desirable that the patient who is doomed to keep his bed for a number of weeks, should be made as comfortable as possible. So far as the treatment of fracture goes, what we want is that the limb, more especially if it be the lower limb, should be uniformly and regularly supported. We want a level surface for the limb to rest upon; it should be supported equally in the whole of its length. It is, therefore, by no means advantageous to put a patient with a fractured limb on a feather bed, because the heaviest part of the body—the trunk, sinks, depresses the surface, and thus the limb comes to be situated on an inclined plane, so that the weight of the body tends to produce, or at all events to favour, the displacement of the fractured ends of the bone. A hair mattress, or a bed which, with requisite softness, shall be capable of preserving a tolerably uniform surface, is the most advantageous. The support of the bed underneath should be firm; it will be of no use to have a firm mattress if the bed on which it is supported give way under the weight of the patient. Therefore the sacking which is commonly found in bedsteads is not well calculated for this purpose, because it gives way in the middle. It is preferable to have a solid surface for the support of the mattress, made by placing pieces of board across the bedstead, under the surface on which the trunk of the body and the fractured limb are to rest. Then, having the patient placed on a bed of this kind, having removed the dress, which of course you should do in such a way as not to inflict any additional violence upon the limb, cutting off whatever cannot be removed without injury, you proceed to place the limb as nearly as you can in the natural position; and in doing this you accomplish what persons call in common language, "*setting the bone,*" the object being to draw the broken ends out of any unnatural position into which they may have been thrown, and to bring them into regular contact. This process, which by the vulgar is called setting the bone, divides itself, in learned language, into three parts—extension, counter extension, and coaptation. If the ends of the bone overlap, the object of extension will be to draw the inferior fragment down till it comes to a level with the superior one. An assistant, therefore, takes the inferior end of the limb, and draws it straight, with a view of disengaging it from the upper portion; but if he were to draw the lower end while no force was applied to the upper extremity, the entire limb might obey the force so applied; and instead of having the lower fragment

drawn out you might have the whole of the limb and pelvis also drawn downwards. In order, then, to do this properly, you must have the superior end fixed, and the power applied to it is called the counter-extension; so that opposite force is applied to the two ends of the bone, and the two forces are called extension and counter-extension. Now there are two modes of applying this force; you may either apply the extending power to the inferior extremity of the broken bone, or you may apply it to the part of the limb situated beyond it. For example—in the case of a broken thigh, you may apply the extending power to the leg or foot; and you may apply the counter-extending power either to the pelvis or that portion of the limb above the seat of injury. Some French surgeons say, that it is a matter of importance not to apply the extending forces to the part that has suffered the accident, but to the neighbouring parts. They state that the pressure of extension and counter-extension irritates the muscles seated on the fractured limb, excites spasmodic contraction, and thus adds to the pain and difficulty of replacing the fracture. The object, however, may be accomplished either in the one way or the other.—When the displacement of the fracture is remedied, the bones will perhaps come into proper apposition of themselves, and that is technically called the process of coaptation. Now the truth is, in many instances this process is not required at all, because the ends of the bone are not displaced, and therefore we do not want to replace them. In cases of fracture of the tibia or of the radius, it often happens that the ends of the bone are not displaced, and the setting of the bone therefore is not necessary. However, patients themselves—those who are ignorant of this subject—imagine that in every case where a fracture has occurred, there must be a “setting” of the bone; and therefore they, as well as their friends, are very anxious to know whether the bone be set or not; and they have an idea that the setting is attended with great pain, and therefore unless the limb be pulled about a good deal, they will not believe that the bone is set. Every one must know that where it is not necessary to apply violence, it ought not to be done; the patients, however, cannot endure the idea of setting the bone, and if they have not received the quantum of pain that they calculated upon, they conceive that they have still to undergo it. It is well, therefore, to set the minds of the patients at rest upon that point, and to assure them that the fracture is replaced, though they may not have had what they consider a reasonable share of suffering on the occasion.—Then when the fracture is replaced as well as it can be accomplished, the next consideration is, how it can be retained in its situation? and there are various means to be adopted for this purpose.—It has been a very common practice in this country, introduced by Mr. Pott, and followed in consequence of his recommendation, to place over the limb, in the situation where the fracture has occurred, a piece of *soap plaster*, or some glutinous substances; and if anything of that kind is to be applied, the ordinary soap plaster, which is a mild substance, may be used; it produces no inconvenience, no irritation of the skin, and sometimes it is a partial defence against the friction of the bandages.—Then bandages are commonly used in fractures, and other mechanical means are applied, with a view to maintain the fragments in their proper position, and to keep the limb at rest. With respect to bandages, sometimes a circular bandage is applied—a roller carried round and round in the ordinary way. In other instances, bandages are used which are hardly ever employed except in cases of fracture. There is a bandage which is called the 18-tailed bandage, which consists of a longitudinal slip, with transverse slips sewn to it of different lengths, so that they can be applied with the ends folded over each other, and thus encircle the limb with a certain degree of force; at the same time they admit of being applied and undone without elevating the limb, or giving that degree of motion to the fractured part which is necessary in the application of a circular bandage. The bandage of Scultetus is merely an 18-tailed bandage, in which the transverse pieces are not sewn together on the common perpendicular piece, but on

which they are merely spread, so that you can take away one or more pieces when they become soiled, and replace them, from the transverse pieces being unconnected with each other. Now circular bandages are not generally well adapted to the treatment of fracture: the motion of the limb which is necessary for their application is injurious, as it is apt to be attended with a displacement of the fractured ends of the bone. They are also liable to the objection that I mentioned in speaking of bandages applied to parts which have received serious injury—that is, when the limb is swelled in consequence of an injury, the pressure of the bandage becomes very considerable, so as to add to the irritation of the part, and it thus exposes the patient to the risk of more serious consequences; so that, generally speaking, you are to consider that the application of the circular bandage to a fracture is out of use. The 18-tailed bandage, and the bandage of Scultetus, are preferable; and the pressure which these produce sometimes assists materially in keeping the ends of the bone in proper apposition. It has also been found by many persons that the influence which bandages are capable of exercising upon the muscles of the limb tends to diminish the probability of spasm, or convulsive action—tends, in short, to keep the muscles quiet; in fact it is well known, when persons have warning of the approach of the spasm, if the limb be held with a firm pressure, the spasm will not come on while such pressure is continued; and the support of a bandage—the 18-tailed bandage, for instance—serves the purpose effectually. It is a part, therefore, of the dressing of fractures which ought to be attended to with great care.—Then with respect to the confinement of the bone, and maintaining it in a quiet state—this is to be accomplished partly by the position in which the limb is placed, and partly by those mechanical supports which are called *splints*. In each particular fracture you are to consider what the powers are by which the displacement of the fracture is likely to be accomplished, and you are to choose such position, as far as choice can be made, in which those powers will act with the least effect.—Now, in fractures of the lower extremities, particularly of the thigh, and also in some of the leg, it has been found that the half-bent position of the knee-joint is advisable, and that this is most easily accomplished when the patient is laid on a bed which admits of his having the trunk in a straight position, while, at the lower part, there is a double inclined plane for the support of the limb. A bed of this kind, which is found very convenient in fractures of the lower extremities, where the patient cannot be moved without considerable pain and having the position of the limb disturbed, is extremely convenient in many cases. It consists in a simple bed, like a common one, which is divided into two parts in the middle by a hinge, so that the upper part can be raised, to bring the trunk in a half-erect or an erect position. The lower part is also divided by a hinge, and it can be raised till it presents a double inclined plane. At the extremity of the lower half, there is a cross-bar attached for the feet, by which they may be supported. A similar bed has been devised by Mr. Amesbury, a gentleman who has paid great attention to injuries, particularly those of the lower limbs. The mechanical aid afforded by these beds is of material advantage in the treatment of fracture—the position of the limb, with reference to its power in maintaining the fractured ends in proper relation to each other, being made an especial consideration in their construction.

Splints are apparatuses made of substances more or less inflexible, capable of giving a degree of firm support to the limb. They are made either of wood or of japanned iron, or of pasteboard; substances that admit of the requisite degree of firmness, and may be accommodated to the figure of the limb. These are meant to surround the limb either in whole or in part, and, as it were, to encircle the member; they must, at all events, be sufficiently long, not only to embrace the fractured limb, but to extend beyond the joints that are connected to the upper and lower fragments of the bone. If they are to confine mechanically any particular bone, you must not apply the splints merely to the bone itself, but extend them to the two neighbour-

ing joints, because the motion of either of these joints produces displacement in the fractured bone. In case of a fractured leg, the splints must extend beyond the knee in the upper direction, and downwards beyond the ankle-joint. In fact, in the lower extremities it is occasionally found necessary to have contrivances to confine the whole of the lower limb. You cannot keep the thigh in a proper position without embracing in the splints the whole of the limb, from the pelvis down to the heel. Now as those substances called splints cannot be immediately applied to a limb without rubbing and irritating the parts to which they are applied, you must protect the limb by padding—that is, by some soft substance, to take off the pressure; and, in fact, the inequalities in the limb require that something should be introduced to bring the limb as nearly as you can to one regular surface. By thus rendering the surface against which the splint presses quite uniform, you distribute the pressure over the limb generally, and prevent any considerable irritation of any one particular point. For this purpose you have pads, which are made of tow, or eared wool, wrapped up in linen or flannel; or you put bran into bags, filling them about two-thirds, so that it can be pressed out into any shape; and thus you render it thicker in one part than in another, according to circumstances. The object, in short, is to have a soft lining to the splints, so that you may render the surface against which the pressure is applied general over the limb, and avoid excoriating the parts. Tow, lint, bran, and various substances of this kind, may be applied in particular instances, according to the exigencies of the case. Then having replaced the fractured ends of the bone in the way that I have mentioned, having covered the fractured part with a soap plaster, having applied an eighteen-tailed bandage, and then put on your splints, and lastly, having placed the patient in a suitable posture, according to the circumstances that I have mentioned to you,—you have done what is necessary for the treatment of a simple fracture.—I have already mentioned to you, that such injuries require a considerable period of time for their consolidation; that the temporary union, the provisional callus which holds the ends of the bone together, is not fully ossified before 40, 50, or 60 days, and that the definitive callus, or ossific consolidation of the broken ends of the bones themselves, does not take place till a much later period. The most perfect mode of treating a fracture would be, if it could be accomplished, when we have replaced the fractured ends of the bone, and have put on the apparatus that I have mentioned, to let the limb remain without any disturbance, until it becomes firmly consolidated; in fact, if there is no external wound, if no particular circumstances occur, and if the apparatus is well applied, there is no necessity for undoing it till the consolidation is fully effected. In general, however, we are hardly fortunate enough to accomplish this. The patient experiences pain or uneasiness from some part of the apparatus—we undo it, and endeavour to remedy the inconvenience. We find, perhaps, that the ends of the bones are not exactly in apposition; we replace them,—and we continue these attentions as often as they are required until the consolidation is effected.—The diet of a patient—for the case supposes a person who is confined to his bed, and using no kind of exercise—of course need not be very nutritious. In the early part of the case, we may reasonably expect more or less swelling and inflammation in the neighbourhood of the fracture; the patient, therefore, should be placed on light diet, he should not take fermented liquors at all, and very little, if any, animal food. But when the first few days have passed by, and the risk of inflammation is removed, he need not be restricted to so low a diet, although mild and light nourishment is the most proper throughout, except under particular circumstances. If anything like inflammatory disturbance come on, of course reduced diet is requisite, together with other means necessary to check such disturbance. It is advisable to take care that the bowels do not become confined; but it is by no means advantageous, on the contrary, it is very inconvenient to purge patients. There is much inconvenience in passing the evacuations, from the moving of the body and the dis-

placement of the bone consequent thereon; we, therefore, should not give aperients that act frequently, or irritate the bowels.—You will probably inquire what is the length of time within which fractures may be expected to be consolidated? Now it has been very generally stated, that this requires 40 days, or about six weeks. The time required, however, as we might suppose, *à priori*, will be different according to circumstances. We may state perhaps that the consolidation of a fracture will require from a fortnight to seven or eight weeks; it sometimes takes place in less than a fortnight in children, in whom the process of growth is extremely rapid. Thus fractures are readily united in children; indeed, you are surprised to see how soon the union is effected. In elderly persons you often find even at the end of six or seven weeks that the bones are not united, that they are quite moveable on each other, and are likely to require a much longer time for their consolidation. In general I should observe too with respect to children, we might fear that deformity would ensue from not being able, in many instances, to restrain them. The movements of these young subjects occasion a good deal of apprehension, but it is generally found that the fractures do very well. We cannot, perhaps, keep the splints on as tightly or as well adjusted as we could wish, and after a few days the little patients will be moving about in spite of all we can do to restrain them; but, I believe, they do not begin to move till they feel that they can do so without inconvenience to themselves, and when that is the case, I imagine their movements do not produce much injury to the parts, for we usually observe that fractures turn out very well in children.

PUBLIC HEALTH AND MORTALITY.

PARADOXICAL as it may appear, it is certain that a man's health, nay life, is nearly as much in the keeping of those of whom he knows nothing as in his own. Of the three influences mainly acting on it—himself, society, and external nature—the first bears on it most intensely, the second most covertly, the last most constantly. Moral culture may teach the individual so to curb his passions and appetites as to develop all the forces of his organization in their most healthful scope, or its neglect may set them loose as the deadliest instruments of self-destruction.—The social system acts upon us not only through its fashions and customs, but by the power of government; and an ill-considered impost indirectly affecting the food, the habitation, or the clothing of the community, shall send more to their graves than ever fell by sword or spear. Climate is always so ameliorated by civilization that we may safely say that it forms no exception to the general fact, that all the sources enumerated as influencing life are greatly modifiable, so that, though we may not believe with M. Quetelet in the perfectibility of our race, we may yet be sure that all its numerous ills may be immeasurably lessened.—Nothing is truer than that the mortality of a kingdom is the best gauge of its happiness and prosperity.—Show us a community wallowing in vice, whether from the pamperings of luxury or the recklessness of poverty, and we will show you that there truly the wages of sin are death. Point out the government legislating only for a financial return, regardless or ignorant of the indirect effects of their enactments, and we shall see that the pieces of silver have been the price of blood.—Mr. Farr has compared the mortality of about seven millions of persons, one-half of whom are located in towns, the other half in counties. The concentration of the population in cities doubles the deaths from the epidemic diseases and those of the nervous system. In counties compared with cities the deaths by convulsion are as 1 to 3 nearly; so also deaths by water on the brain: acute diseases of the lungs are in counties as compared to cities as 1 to 2½ nearly.—The deaths from consumption are increased 39 per cent.—those from childbirth 71 per cent.—those from typhus 221 per cent. in cities as compared with counties.—Why is it thus? Are cities then necessarily the graves of our race—as Süssmilch called them; or can the condition of their inhabitants be ameliorated? Mr. Farr ascribes the mortality to the insalubrity of the air in

populous towns. No doubt this is, if not the sole, still a very marked cause of the sad superiority of death in cities. But there is the moral cause, the temptation to vice and indulgence, which can never be so rife in rural as in urban districts, and its influence is quite as great as that of ill ventilated dwellings, and ill paved and sunless streets.—“There is no reason why health should be impaired by residence in 1 more than in 100 square miles, if means can be devised for supplying the 200,000 individuals located in the former space daily with the requisite quantity of pure air, and for removing the principal sources of poisonous exhalations.”—What these are let the following facts taken from the pamphlet of the member for Shrewsbury, Mr. Slaney, and especially from Drs. S. Smith and Arnott's letter, addressed to the Poor-Law Commissioners, attest.—In the last half century, the social condition of the working-classes has undergone an immense change, which has not been sufficiently looked to by the legislature. In 1790, the workers in towns to the labourers in the country were as one to two. In 1840 it is just the reverse, the workers being to the labourers as two to one. The proportion of manufacturers, miners, and artisans, to agricultural labourers is, for Staffordshire, three to one; Warwickshire, four to one; West Riding of Yorkshire, six to one; Lancashire, ten to one; Middlesex, twelve to one. This influx has in many towns been very badly lodged; while the fluctuations of trade and manufactures have thrown thousands suddenly out of employ. It is among the lower classes, especially among the Irish who have emigrated into the heart of our largest towns, that fevers are the rife and most fatal. Before touching on the fevers of our metropolis, let us look at the dwellings of the poor in the larger provincial towns. Of 11,000 houses at Nottingham, 8000 are built back to back—*Journal of Statistical Soc.*, Jan., 1840—that is, they are devoid of ventilation. At Liverpool there are 7,862 inhabited cellars, described as dark, damp, dirty, and ill ventilated; they lodge one-seventh of the whole population, of whom 39,300 are of the working-classes. There are besides 2,270 courts, in which from two to six families reside, and few of these courts have more than one outlet. What a miserable disregard does this show of all that should constitute a healthful abode!—the absence of pure air and sunshine, the constant presence of damp and contaminated vapours. In Manchester, of 123,232 workers, 14,960 live in cellars. At Bury one-third of the working-classes are so badly off, that in 773 houses, one bed served four persons; in 207, there was one bed for five, and in 78, one bed for six persons.—In Bristol, forty-six per cent. of the working-classes have but one room for a family.—Leeds, which the registrar-general finds a most unhealthy place, of 17,800 houses, has 13,600 under £10. In the north-east ward, containing 15,400 of the working-classes, or about a fifth of the whole population, three streets have sewers, twelve have them partly, thirty-eight have none, and the state of forty is *unknown*.—The miseries of Glasgow, as described by Dr. Cowan, are almost incredible in a country which is sending its gold and its missionaries to the millions who need them less than the amalgam of 30,000 Irish and Highlanders that wallow in filth, crime, and wretchedness in the cellars and wynds of this great commercial city. From ten to twenty persons of both sexes lie huddled together, amid their rags and filth, on the floor, each night. The cellars are beer and spirit shops. Multitudes of the younger girls, says Mr. Symmonds, applied to Captain Miller, the head of the Glasgow police, to rescue them from these scenes, to which they were driven by sheer want. A year or two served to harden and hurry them from drunkenness, vice, and disease, to an early grave. Dr. Cowan, in his ‘Vital Statistics,’ says:—“In 1837, 21,800 persons had fever in Glasgow.” In London, the mortality in some of the parishes is four times that of others. Poverty need not be so embittered. Want of food is not the sole cause, for the agricultural labourer works as hard, and is as ill fed. It is the impurity of the dwelling, and the contamination which ensues, where vice is allowed to herd with want, that fills our towns with misery and disease. * * * * *

There are two ways in which the miseries of the poor

are visited on the rich—on their persons and on their purses. Once generated in a severe form among the hovels of the paupers, fever spreads to the best-housed and best-fed. “The registers,” says Mr. Farr, “show this; they trace diseases from unhealthy to healthy quarters, and follow them from the centres of cities to the surrounding villages and remote dwellings.” (p. 116.) On this score alone, if man will not be linked to man by sympathy of feeling, most assuredly he shall be by the bonds of suffering and disease. On the other hand, the rich will find it the best economy to alleviate the physical evils of the poor; for a little expended by way of prevention will materially diminish the poor rates, “which,” say the commissioners, “are invariably increased by epidemic seasons.”—How, indeed, can it be otherwise, when the wife and the children become the widow and the orphans, or when the hand of the sick father can no longer earn the daily pittance for his family?—England is the only European country which is devoid of a medical police, and in which the public health has been allowed to shift for itself. Property is more protected here than health. In Russia, France, and Germany, a set of men are appointed to superintend the public health, and to report on all those causes which influence it. All measures, therefore, of individuals, whether dictated by avarice or a selfish scorn of the community, or by ignorance, must be made compatible with the public safety. It is to these countries we owe the entire body of the modern science of forensic medicine, not a work on this important subject having originated here, although latterly we have followed in their track. The sources of our national health are not to be traced to any constant supervision of Government, for it has almost invariably at all times allowed evils to become intolerable before they have been removed. It is to the absence of war from our shores—but especially to the enormous wealth which has permitted the population, as a whole, to be better fed, clothed, and lodged than that of any other nation—that we owe this blessing. At the end of the seventeenth, and beginning of the eighteenth centuries, when climate and many other physical circumstances were what they are now, the mortality was just double that of this day. It diminished as the people prospered. When, therefore, it is urged that the diminished mortality of England, as compared with that of other nations, is a proof of the efficiency of our public sanitary measures, we reject that this mode of viewing the question is false. The question is not by what indirect means we are bettered, but by what direct—have we taken advantage of our means of alleviating the pressure on the public health in the same degree as other nations have of theirs, or not? Let the following rapid survey of the causes of “destitution and death” furnish the reply.—There are two classes of causes to which the maladies of the poor are referable:—1. Those depending on their habits, and 2, those independent of these.—Among the latter are—1, bad sewerage, open, stagnant drains, ditches, and waters, in which animal and vegetable substances are allowed to turn putrid; 2, undrained marsh-lands; 3, accumulations of filth in the streets; 4, the situation of slaughter-houses in densely populated districts, and the bad regulation of these establishments; 5, want of ventilation in narrow streets.—With regard to the second class of causes of disease, or such as arise from the habits of the poor, they are perhaps more intense than the first; poverty and destitution bring in their train, recklessness, filth, and misery—beyond what is imagined by the rich. We have seen in one small garret, the husband ill of typhus, a child laid across the sick man's bed, also ill; two others sleeping under the bed: the two window recesses let to two Irish lodgers at sixpence a week, as resting-places for the night; the wife, a young healthy woman, lying in the same bed with her sick husband at night, and supporting the family by taking in washing, which was hung across the room to dry—the parish authorities forbidding the exposition of linen out of the windows.—Mr. Farr says that the poor Irish are keeping up, if not introducing, fevers into the heart of British cities. (*Vital Statistics*, p. 528.) The three ports by which they enter this island are

Bristol, Liverpool, and Glasgow. We find that more than one-third of the cases treated at the Glasgow Infirmary are fever cases. It is known that more than one-sixth of the population of Glasgow are Irish. Dr. Symonds, of Bristol, mentions that thirty Irish slept in a room 20 feet by 16 feet; that cholera was "hovering over us;" seven became corpses in a few hours.—Drs. Kay and Arnott give the following directions upon this important subject, and we would press them as strongly as possible on the public attention:—"The means of removing completely the noxious animal and vegetable matters brought to or produced in cities, evidently are,—

"1. A perfect system of sufficiently sloping drains or sewers, by which, from every house and street, all fluid refuse shall quickly depart by the action of gravitation alone; the streets, alleys, courts, &c., being moreover well paved, so that the refuse may be easily distinguished and detached.

"2. A plentiful supply of water to dilute and carry off all such refuse, and to allow of sufficient washing of streets, houses, clothes, and persons.

"3. An effective service of scavengers to remove regularly the rubbish and impurities which water cannot carry away, and fit receptacles for such matters until removed.

"4. Free ventilation by wide streets, open alleys, and well-constructed houses, to dilute and carry away all hurtful æriform matters.

"5. Keeping as distant as possible from the people the practice of all the arts and processes capable of producing malaria or tainting the air. Hence the situation of cattle-markets, slaughter-houses, cow-houses, tripe-shops, gas-factories, burying-grounds, and the like should be determined by competent authorities.

"6. Preventing the great crowding of the lodging-houses of the poor."—*Abridged from the last Number of Quarterly Review.*

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, July 18th, 1840:—

Richard James Pye Steel.

Charles Patton Keele, Southampton.

William Charles Walker.

John Good, Lymington, Hants.

George Goodwin, Ashbourne, Derbyshire.

John Davies, Coleshill.

John William Edmonds.

INCREASE OF INSANITY—KENT LUNATIC ASYLUM.—Mr. W. H. Denham has been directing attention to the state of this Asylum, and to the increase of insanity. In the course of his remarks he informs us, that "when the Asylum was erected in 1830, for the accommodation of 174 "pauper lunatics," it was doubtless estimated, on attentively collected data, that accommodation for that number of pauper lunatics would be amply sufficient; but the Asylum at the present moment contains 190 patients, and it appears there are nearly 100 more for whom accommodation is equally desirable. If the data were well calculated, that within the short space of seven years from the opening of the Asylum, there has been in one class of the community alone, such a vast increase in the number of cases of lunacy in this particular county, as calls for a further outlay of nearly one-fourth the original expenditure, including purchase of land, &c., for the proper care and treatment of these unfortunate paupers. The Asylum cost £50,000, and it is now absolutely necessary, in the short space of seven years, to spend £12,000 more! This frightful apparent increase in the number of pauper lunatics deserves the very serious attention of the philanthropist and the statesman. Such a state of things imperatively demands immediate investigation either on the part of the local magistracy or that of the legislature, for somewhere or other there *must* be something wrong.

ERYSIPELATOUS INFLAMMATION OF THE CONJUNCTIVA

SUCCESSFULLY TREATED BY ANODYNES. BY HUGH HOUSTON, SURGEON TO THE WESTERN EYE DISPENSARY.

G—R—, bricklayer, æt. 35, of active habits, and of the nervo-sanguineous temperament, residing in Somers' Town, applied for relief on the 24th of June, labouring under the following symptoms in the left eye—great oedema of the conjunctiva, with exception of the corneal portion, which remained in its normal state. The conjunctiva did not present that florid redness so very striking in all other forms of ophthalmia, but a peculiar pale red that cannot be forgotten by any one who has had an opportunity of witnessing *erysipelatosus ophthalmia*. The patient also complained of most excruciating pain in the supra-orbital region, with an oedematous state of the eyelids, produced by internal pressure: the conjunctiva had an appearance as if there had been a greater than ordinary quantity of fluid on the surface of that membrane, which, on examination, however, was not really the case; in short, the symptoms laid down in Dr. M'Kenzie's very valuable work on the 'Diseases of the Eye,' are so minute and correct, that I cannot do better than introduce them verbatim, by way of making this very interesting and rare disease more clear:—"Idiopathic erysipelatosus conjunctivitis is a rare disease. It is easily discriminated from any other form of conjunctival inflammation.—*Symptoms.* It commences with a slight feeling of tension in the eye, and parts immediately surrounding it. The conjunctiva becomes of a pale red colour, and rises in soft, yellowish red vesicles round the cornea. These take a different form from every motion of the eyelids, and are sometimes so large as to project from between their edges. On strained or rapid motion of the eyeball, or eyelids, the patient feels a pricking pain in the eye. When the eyelids are a little open, the vesicles give the patient the appearance of one who is weeping, and we expect that every moment the tears will drop from his eye; but on a nearer inspection, and on pressing down the lower eyelid, we discover the mistake into which we are the more ready to fall, as during this inflammation there frequently is a discharge of tears, especially on sudden changes of temperature. The eye is somewhat impatient of light. No other diseased appearances are observed in the eye itself; and the eyelids may be entirely free from redness or swelling. At the end of the acute stage, the pain of the whole eye is increased, still exciting in the mind of the patient the comparison of pressing or stretching, especially on moving the eye or eyelids."—*Treatment.* From the very excruciating pain suffered by the patient, I immediately ordered leeches to be applied, and also made longitudinal incisions with a lancet, followed up by poppyhead fomentations, with beneficial results. There being derangement of the alimentary secretions, he was ordered mercurial purgatives, and by a steady perseverance in these the improvement was daily progressing.—26th. Continues to improve, tongue less foul, pulse rather feeble, skin natural heat.—28th. Much in the same state, leeches to be applied a second time; fomentations, with aperients, to be continued as before; now ordered the following weak collyrium:—

Rk. Liq. Plumbi Acet., min. xv.

Liq. Opii sedat., 3ss.

Aq. Distillatæ, ʒiij.

Misce fiat collyrium. Two or three drops were ordered to be dropped into the eye occasionally.—30th. Much better, oedema almost gone,

slight redness of the conjunctiva still remains; he thinks himself almost recovered. Continued Pulv. Aper. et Collyrium, Plumbi, c. Opii.—July 3rd. Right-eye seized with the same symptoms, appearances, &c., which yielded to the above treatment.—I consider this case interesting, in so far as it satisfactorily proves the superiority of the mild and sedative plan of treatment over the violent and stimulating system too often resorted to in the cure of ophthalmic diseases.

Tavistock Street, Bedford Square, July 23, 1840.

HEALTH OF THE NAVY.—A return of a very voluminous character has been made to the House of Commons upon the health of the navy, which, in a medical point of view, is invaluable, affording a mass of statistical information upon the various diseases which prevail in the navy. This report is extended through 323 pages. The report embraces a period of time comprised between the years 1830 and 1836 inclusive. The tables have been deduced from documents deposited in the office of the Physician-General, and transmitted to that office from each ship in the service. The report affords groundwork for the profession to draw conclusions, which will enable them to adopt means of preventing those diseases which are most prevalent. It does not appear that this object formed any part of the compiler's duty, but it is to be hoped that the medical staff of the navy will be called upon, with reference to these statistical tables, to take the whole subject into consideration, with a view of effecting sanitary precautions for the prevention of disease among so valuable a class of men as the sailors in her Majesty's service.—Dr. Wilson, the compiler of these returns, ascribes the improved state of the navy, as regards the health of the seamen, as compared with former times, to the abundant supply of wholesome and nutritious food. He states that previously to the year 1797, the nutriment supplied by public ration to this branch of the service was at least a third less than it is now. It is, upon the credit of this gentleman, at present abundant, but not excessive. Putrid fevers, ulcers, dysenteries, and scurvy, are nearly banished from the navy. This happy result is attributable to the improved mode of victualling introduced into the navy in modern times, and those diseases, particularly the scurvy, which at one time were considered evils inherent in a sea life, or intimately connected with it, are now proved to be no more dependant on residence in a ship than in a house. This great improvement in the health of seamen has been effected by the more abundant supply and better quality of their food. The substitution of iron tanks instead of water-casks has also contributed in no small degree to this improved state of health in the navy. Water in these tanks suffers no deterioration however long kept, at least none from decomposition; the metal no doubt becomes oxydized to a certain extent, but being indissoluble, it is held in mechanical suspension in the fluid, from its greater specific gravity falls to the bottom, and the water is drawn pure and clear, and is not tainted with anything offensive either to the palate or the smell. So far from this slight chalybeate admixture being injurious to health, it may be in such minute portions beneficial. Tanks have been in general use in the navy since the year 1815. This report is very interesting, and at some future period we may give an abridged analysis of its leading points.

The Dublin Apothecaries have petitioned the House of Commons against the bill for preventing them from proceeding with their actions against practitioners.

PLEA OF PREGNANCY IN STAY OF EXECUTION.

Communicated to the 'Medical Press' by S. Enright, Esq., Surgeon, Ennis.

WHEN a woman, convicted of a capital crime, is sentenced to death, and pleads pregnancy in stay of execution; unless it can be proved that she is *quick* with child, the law must take its course, and she must be executed, although she may be *pregnant*. That this is the law, I believe is pretty certain, for so recently as the year 1831, Baron Pennefather, whom all will admit to be a humane judge, and an able lawyer, decided, in Limerick, in the case of Margaret Mackessy, tried for murder and convicted, she having pleaded pregnancy in bar of execution, "that pregnancy alone, without quickening, would not be sufficient for staying her execution." This case is given in full, in Dr. Kennedy's work on Obstetric Auscultation, a work which will be the means, in my opinion, of saving more lives than any medical publication that I know of, which has appeared for the last half century. Now, this law appears to me to be a blot, and a disgrace to our statute book. A woman is not considered quick with child until the 15th or 16th week of her pregnancy—so that, if she be but 13 or 14 weeks gone with child, she is hanged, and thus, by the English law, her innocent infant is sacrificed. Can anything be more revolting to common sense, to medical science, to humanity, and to justice, than such a law? A law founded upon ignorance, because framed at a time when it was falsely supposed the unborn infant did not possess life until the mother quickened, the law being founded upon that mistaken notion; but now that medical science has happily dispelled for ever the clouds of ignorance existing over this subject, can any man explain why it is that this unchristian law is not repealed? Is there any man who will come forward to defend its policy, or its justice?

At one time it was supposed by physiologists, that the male and female foetus were animated at different periods, the former about the 40th, the latter at the 80th day from conception; but the birth of twins of different sexes, and subsequent physiological discoveries, completely disproves so great an absurdity. The very fact of there being any doubt at all as to the time the foetus possesses vitality in the womb, renders it necessary, as in any other case of doubt, that men should act at the side of safety and not kill the child, at any period of utero-gestation.—Those who do not admit the necessity of infant baptism, will, at least as members of society, condemn that law which deprives an innocent and unborn infant of temporal life; and they who do admit it, as all Protestants and all Roman Catholics do, will feel a double motive in condemning a law, which causes the destruction of the eternal as well as temporal life of the child. The decisions of divines upon this subject, are founded, not only upon scripture authority, but also upon the opinions and investigations of the ablest physicians, physiologists, and surgeons, both ancient and modern. Both soul and body are necessary to constitute human nature, both must, therefore, co-exist together; the soul is more necessary to the body, than the body is to the soul: all divines admit these points, all theologians agree that the soul is not created before the body. Dezza, Cordenas, Le Croix, and Jerome Florentinus, *de dubiis hominibus*, all advocate the co-existence of the soul and body at the moment of conception. The scripture makes no distinction between *birth* and *conception*, the word *natum* in the Latin vulgate applying equally to both, as appears from the 1st chapter of Matthew, verse 20, "What is born of her is of the Holy Ghost"—in the 3rd chapter of John, verse 5, (see Latin vul-

gate) it is said "Unless a person is born again of water, &c.;" now, an infant is a person, therefore an infant without baptism cannot enter the kingdom of God. The Apostles baptised whole families, therefore they baptised infants, therefore the Apostles thought it necessary.—What difference is there between the crime of him who prevents a child from being born, and that of him who, after its birth, deprives it of existence? In my opinion, the sentence of death should not ever be announced to a pregnant woman, lest abortion might be the consequence. If it be announced to her, and that she is respited until after her confinement, let it be remembered, that the ends of justice are not frustrated, for her execution then will meet the demands of society, without the cruel, unjust, and unnecessary sacrifice of her child.—As to the present system of deciding the abstruse and difficult point of pregnancy by a jury of matrons, this is not only absurd, but highly dangerous, not alone as regards the prisoner, but also the ends of justice. It is well known that such a jury is perfectly incompetent to decide the fact; they are chosen often from a class of persons illiterate and inexperienced; unmarried females are frequently sworn amongst them, knowing nothing whatever of the subject or of its difficulties, their decisions being often at variance with palpable facts, and the point they have to decide requiring all the light that experience and science can shed upon it, to enable any one to come to a correct judgment upon the question.—To a consultation of competent medical men, the decision of such a case should evidently be confided; for in cases such as this, as Dr. Maunsell has so ably proved, regarding the Medical Profession, it can be of perhaps more benefit to the public weal than in the treatment of the manifold diseases "that flesh is heir to."—The law of most enlightened nations, both ancient and modern, never condemns a woman to be executed until after her delivery; the period of quickening was never fixed upon by them as the time for respiting her, her pregnancy alone was sufficient. Egypt, also France and Rome, in common with other European nations, always held out the hand of mercy to a pregnant woman; is it to be said that England alone will form an exception? She may love justice well, but she ought to love mercy better. It is a strange anomaly of the British law of real property, that a child from the moment of conception can take an estate, and yet be deprived of life in fourteen weeks afterwards for the crime of its mother!

These desultory and very imperfect observations are thrown out by me, in the ardent hope that abler hands will take up this most important question. I can do little more than give a hint upon this most interesting subject. To others more competent belongs the task of procuring a repeal of this cruel enactment; and in my opinion, the man who in any way contributes to so desirable a result, has not lived in vain.

SURGEONS CHARGES FOR ATTENDANCE AND OPERATIONS.

ON FREQUENCY OF TAPPING IN ASCITES.

IN the case, *Henry v. Ryan*, reported in our last, part of the merits of the claim depended, evidently, on the question—"How often is the operation of tapping admissible or proper in ascites?" The answer by Mr. Porter, to the counsel, will accord, we doubt not, with the general experience of most medical men, or—"Four or five times in three months, and this stricking the point rather to the outside." The question of the repeated introduction of the instrument into the same wound, we do not interfere with. The following remarkable case

may throw light on questions of this nature: M—G—, aged about fifty-eight, when she died, had borne a family of children, and, till her forty-sixth year, enjoyed tolerable health. About this period, or twelve years before death, she had organic disease in the abdomen, and was relieved by treatment. Dropsy, however, gradually supervened, and paracentesis abdominis was found necessary. The writer did not then see her, but learned that upwards of twenty-four pints of fluid were drawn off. The constitution seemed to rally, although the accumulation of watery fluid returned, and the operation was, from time to time, repeated by various medical men, during the ensuing years. The writer was called to attend, and repeated the operations at various short intervals of from three to four weeks, and the last by him, including the former operations, formed the one hundred and twenty-seventh time. During the last twelve months of her life it was done by a non-medical relation, who received instructions. To account for this, the woman lived in a remote place, and the parietes of the abdomen having become, in the anterior part, nearly as thin as an ox's bladder, the relation in question, who had often seen the operation done, in an emergency punctured the belly with a small knife; no harm resulted, and he was furnished with a trocar and canula, with which, at intervals of *from eight to ten days*, the operation was repeated till she died. The quantity of fluid latterly abstracted was not accurately ascertained, but could not be under fourteen or fifteen pints, if not more, from the size of the bucket employed. In all, the operation was performed one hundred and sixty-seven times. In the 'MONIT. et PRÆCEPT. MED.' of Dr. Mead, p. 148, the case of Lady Page Turner is given; there it appears fifty-four pints were drawn off by tapping every month, and it is remarked that twelve pints must have accumulated every week, the monument erected in Bunhill-fields bearing that she died in 1728, in her LVI. year, and that in LXVII months she was tapped LXVII times; had taken away CCXL gallons of water. In the 'Study of Medicine,' by Dr. Mason Good, (quoting from memory,) there is a still more remarkable instance, but somewhat under the case above shortly narrated. R. A.

Kinross, July 18, 1840.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 11th July, 1840:—

Epidemic, endemic, and contagious diseases	138
Diseases of the brain, nerves, and senses	139
Diseases of the lungs, and other organs of respiration	240
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	76
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c. .	12
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	3
Diseases of uncertain seat	113
Old age, or natural decay	61
Violent deaths	25
Causes not specified	2

Deaths from all causes

840

The inspection of hospitals under the Poor Law, by Surgeon Phelan, has commenced at the South Infirmary, Cork.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Book of the Great Sea-Dragons, Ichyosauri and Plesiosauri (Gedolim tauinum of Moses). Extinct Monsters of the Earth. Folio, with thirty Plates. By Thomas Hawkins, Esq., F.G.S., &c. Pickering.
Green on Diseases of the Skin. 8vo., with Coloured Plates.

DELTA.—The exchanges have not yet arrived.

R. A.—We are always glad to hear from him.

MR. CROWLEY's copy was sent. Another shall be forwarded.

SCOTUS, who inquires as to the Government allowances to the Scottish Universities, is referred to the Miscellaneous Estimates for 1840. He will find the sums as follows:—

ST. ANDREWS—Medicine, 55l. 11s.

ABERDEEN — (King's Coll.)—Medicine, 10l. 8s. 8d.; (Maris. Coll.)—Medicine, 43l. 16s. 8d.; Chemistry, 210l.; Anatomy and Physiology, 150l.

GLASGOW—Anatomy and Botany, 30l.; Medicine, 10l.; Midwifery, 50l.; Chemistry, 50l.; Surgery, 50l.; Botany, 50l.—Out of an additional sum of 800l. per annum, in lieu of lease of rents of the Archbishopric of Glasgow, formerly held by the College, but now at an end, divided as follows:—Chemistry, 150l.; Botany, 50l.; Materia Medica, 100l.; Forensic Medicine, 75l.; Theory of Physic, 75l.; Surgery, 25l.

EDINBURGH—Clinical and Pathological Surgery, 100l.; Military Surgery, 100l.; Botany, 100l.; Medical Jurisprudence and Police, 100l.

Communications to be answered in the "next number," must arrive by Monday.

SUBSCRIPTIONS EXPIRED.—The following gentlemen are reminded that their subscriptions have expired. The Publisher will be happy to receive their directions as to future supply by an early post:—Dr. Scott, J. Butchart, Esq., George Laing, Esq., Dr. Croker, W. O. Connor, Esq., J. E. Smyth, Esq., W. G. Trowsdell, Esq., J. Wilks, Esq., D. M. Donnell, Esq., Rev. T. Brashaw, Mr. Thomas Smith, W. Whitaker, Esq., J. B. A. Miniken, Esq.

A. N.—An opinion given upon a third person's statement of symptoms is seldom worth having. The treatment appears to have been judicious, but we can neither wholly approve or disapprove, unless we saw the patient. If we gave advice, it would be, that the patient, being a medical man, should see Sir B. Brodie, who has paid much attention to like cases, and who is always willing to afford the benefit of his experience to his brother practitioners.

A SUBSCRIBER.—Both quantity and frequency must vary with the particular case.—The required particulars as to the preparation and dose of the lactate of iron, were given in a previous number to the one referred to.—The prices of the articles alluded to, we believe, are various; would it not be better to write to Mr. Sparks?

MR. WHITE.—The address, we believe, is Burlington-street.—A few advertisements would be best.

A CONSTANT READER IN YORKSHIRE, who inquires whether or not a medical man, holding the office of Apothecary to a Dispensary, is entitled to a fee for attending a Coroner's Inquest, such medical man being a member of the College of Surgeons; and a Licentiate of Apothecaries' Hall?—is informed, that payment of the fee is objected to, if the patient died in the charitable institution to which the surgeon is attached, but if the surgeon be summoned as a medical witness by the coroner, such witness is entitled to a fee of one guinea at least.

MR. BRAITHWAITE's note came to hand, but the book has not been received.

M. A., HIGHBEACH.—Many thanks for the invitation.—A note by post shortly.

AMICUS will find a note at our office.

SUBSCRIBER, MERTHYR.—Next week more fully.

A. H. will perceive we have adopted his suggestion.

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THE MEDICAL TIMES.

STRUGGLE OF THE PROFESSION AGAINST QUACKS AND QUACKERY.

OUR RESEARCHES CONTINUED.

WE have not lit upon any striking comparisons of the state of the profession at and after the institution of the London College of Physicians until the 17th century. Dr. Venner, of Bath, who wrote in 1660, says, "There has been of late in our land a great inundation of physicians, and an irregular rise of doctors," (notwithstanding the College, mark!) "which, excepting a few, are blind folk-like, without any method at all, as your panaceas, meer chymists, cum multis aliis; who, by their irregular, absurd, and preposterous courses, by their confused, ill-qualified, and pernicious medicines, hurt and overthrow many, to the great disgrace of the noble art of physic. And this enormity hath not only overspread the whole land, but our City of London also, where the profession of physic hath been eminent and the dignity of maintained. There [in London] is now such a chaos of physicians, that such as are learned in the faculty may be even ashamed to own the profession. And there is an 'ingens turba stultorum,' (a great mass of fools,) that makes use of any one that takes upon him the title of a physician; albeit a very fungus or ignoramus, and which is most absurd, dub him with the title of 'Doctor.'" There is much more on this head, in the writings of this fresh and vigorous old writer, Tobias Venner, M.D., then physician at Bath, where he falls foul of a host of quacks and curemongers, who existed there in that day. They do most notoriously exist there now in this rectumising age! Dr. Charlton also, who was King's Physician in Ordinary, &c., &c., about a century and a half ago, states concerning the profession in England: "Medicine is the field of all those who aim to support themselves as knaves, and, in the present day, there is not a Hog

that has not the audacity to thrust his snout into it."

For a low, irregular, and over-quacked state of the profession in England, the reigns of Charles II. and his brother James were most notorious. Quackery was the rage and order of the day. Lord Rochester, so famous for his gallantry and amours, enacted the character of a stage quack, and spoke a humorous address, which contains an ingenious compendium of the professions and arts proper to the character. It was then held that

"Charlatans can do no good
 Until they're mounted in a crowd,
 And when they are punish'd all the hurt
 Is to fare the better for't."

The profession was very inconsiderably improved in the succeeding reigns of Anne and George I.

There may be added to our bibliographical list of the 18th century the following: 'Art of Getting into Practice in Physic, 1724;' 'Quacks Unmasked, 1752;' 'A Serious Address to the Public concerning the Abuses in the Practice of Physic, 1753;' 'Modern Quacks Detected, 1757;' 'Meditations on Quacks, 1764;' 'Animadversions on the Constitution of Physic in this Kingdom, 1768;' 'Remarks on Quackery, 1769;' 'Lamentable State of Physic in London, 1769;' 'Quackery Unmasked, 1777;' 'An Empirical Essay, by Thos. Probeall, 1783;' 'A Solemn Detail of certain Commotions in the Kingdom of Physic, 1792;' 'A General View of the Establishment of Physic as a Science, 1796;' 'Economy of Quackery, 1797.' The quacks appear to have been much fired at in this century. Where there was so much smoke there must have been some fire.—It was in this century that Sir Samuel Garth, the physician and friend of Pope, in the decasyllabic iambics of that polished poem the 'Dispensary,' reproached his own College (the London) "with avarice and negligence of great objects," and censured the trading cupidity and abuses of the profession:—

"A golden globe, plac'd high with artful skill,
 Seems to the distant sight, a gilded pill.
 This pill was by the pious patron's aim,
 Rais'd for a use as noble as its frame;
 But now no grand inquiries are descried,
 Mean fiction reigns when knowledge should preside,
 Feuds are increased, learning laid aside,
 The lonely edifice in sullen sweats complains
 That nothing there but sullen silence reigns."

J. Spince, a London physician, who wrote a book called 'Quackery Unmask'd,' in 1711, says, "Every man, of any business whatsoever, is at liberty to take what legal measures he pleases to make himself known and bring himself into business. Some ingenious physicians and surgeons have, to that end, proceeded by this method of printing, giving away, and pasting up bills (!) relating to some particular disease (!) or diseases, in the curation of which they have been most conversant and successful. I have known several eminent physicians and surgeons who have thus done; one, a worthy and learned Member of the (London) College of Physicians, (!!!) is now alive." He afterwards adds, "Some years ago, Dr. Peachy, then and now a worthy member of the College, dispersed as many bills about the town as any man." So, by these facts it would appear that

Fellows of the learned College itself, who were sworn to suppress quackery, and keep the profession in its "just beauty and splendour," turned empirics. We find example converted into precept by a man professing to write against quackery. This statement of what were then considered to be the approved and legitimate practices of the profession, and even of members of the London College, in his own times, is *rich*.

Dr. Fuller, a graduate of Cambridge, and M.D. Cantab., who wrote in 1719, states that "the profession of physic, though then brought to greater perfection than ever before, its dignity and degrees were so desperately fallen, that the *lowest* of the *people*, who are not of the sons of Esculapius, pretend to it. And such a *mere mob*, and *fag* part of *women* (!) as well as *men*, usurp the *title* (!) that an University graduate is ashamed almost to be called DOCTOR, since he must share it together with the Barber, Farrier, and WISE (?) *woman*!!! Every illiterate fellow, and paltry gossip, that can make a shift to patch up a parcel of pitiful receipts, have the impudence and villany to venture at it; and, in hopes a pig, goose, or basket of chickens, may reward them, shall boldly stake their skill forsooth against men's lives, and lose them, and, at the same time, scandalize and keep out physicians that might possibly save them." This, in 1840, is still the case in those Boeotian, Anglo-Welch, or over-Severn counties, where retail grocers, druggist-surgeons, "pot-he-carries," irregulars and quacks are universally called doctors. Very generally, reptiles of this description are hoisted, both in employment and emolument, over the heads of highly educated physicians and surgeons, through GROSS and BEASTLY IGNORANCE.

Dr. T. Thompson, M.D., Physician to his R. H. Frederick, Prince of Wales, in a prefatory address to Dr. Meade concerning "the present discipline in the general administration of physic in this kingdom, in 1752," wrote some admirable observations descriptive of the low and licentious state of the profession in respect to education, divisions, and practice in his time; he says, "if a regular economy and discipline in the administration of a state, as well as in the dispensation of physic, are the surest preservatives of the public and the patient, it must be confessed nothing seems less to have engaged attention, than the proper means of securing these invaluable blessings." (*Dedication*, p. xv.) The remarks of this writer on the superfluous subdivisions of the profession, on quackery, on the mischief arising from apothecaries usurping the higher and more difficult practice of physicians, are as fresh and green, and applicable to the present times, as any modern writing.—He proposed afterwards to publish 'A Free Enquiry into the Present State of Physick in this Kingdom, with some Proposals for a Proper Regulation of the Practiser.'

We have no further descriptive details of the state of the profession in this century, but there is much more corn in Egypt when the heads of the sacks shall come to be searched. Again, we must depend on our friends, who may be turning over dusty books in the British Museum, catalogues of old books, and old libraries, for concise notes and facts, illustrative of the past and present state of the profession. We shall have all the *murder* out by-and-bye, on quite as good authority as Mr. Warburton's parliamentary evidence, viz., the doctrine of general results, which is the general testimony of men of superior education, learning, and talent. For further ample information upon the disgraceful state of the medical profession in the 18th century, we refer our readers to the observations and sarcasms of Dean Swift, Lady

M. Wortley Montague, Goldsmith, (himself M.B.), Vicesimus Knox, Hume, Southey, and a number of the wits of the age. We also add these works: 'Fatal Effects of Ignorance and Quackery, 1801;' 'Detector of Quackery, 1805;' 'On Quacks and Quackery, 1810;' 'Medicine as practised by Quacks,' date unknown; 'Remarks on the Imposition of Quacks,' do.; 'Letter from an Apothecary in London, to his Friend in the Country, on Empyricism,' do. These books may be found by the curious in the Edinburgh University Library, British Museum (Library), &c.

In 1806, only thirty-four years ago, the Medical Society formed in Lincolnshire, and its ally, the Society in Soho-square, set forth that the profession was everywhere threatened with "destruction and disgrace from unauthorized intruders into medical practice." The *emoluments* of respectable practitioners were *unjustly reduced* by the admission of LOW, UNEDUCATED *persons*.—"DANGEROUS IMPOSTERS engrossed a considerable share of practice; DRUGGIST-MEN, whom the hewers of wood and drawers of water call 'doctors' and 'chemists,' forsooth, took upon them, though totally ignorant of every law of the animal economy, to prescribe to the *great detriment* of the profession and the community." The correspondence of these two societies, in all parts of the kingdom, stated the prevalence of physicians almost everywhere *without degrees* (!)—of surgeons and apothecaries; half-bred surgeons, whom, as Churchill says, "men doctors call," with small, or almost no education (!) "*brayers* in the mortar, with long erect ears behind the counter, putting themselves on a level with the most instructed; a herd of QUACKS and ITINERANTS dealing out their poisons with an unsparing hand—the profession *degraded* in all its branches." To representations of this kind, and to the same effect, SEVERAL HUNDRED NAMES were AFFIXED; some letters bore FIVE-AND-TWENTY SIGNATURES, and the whole returns were too numerous to be read to the committee.

The King's and Queen's College of Physicians in Ireland, stated to these bodies, that "the necessary separation of the profession was little observed"—the old and stale ground of battle between physicians and surgeons. They also added, that "*Fellows*, who had received no education, even to qualify them for the exercise of the subordinate branches, acted as *physicians*." With the usual disinterestedness of a medical corporation, they proposed to correct the deterioration of the profession in the persons of their licentiates, by *doubling* the fees of admission, and taking half the money in cash, and half in bills at twelve months!

The strong-minded but ill-fated Beddoes, in his 'Letter on the Causes of the Prevailing Discontent, Imperfections, and Abuses in Medicine, 1808,' reported to Sir Joseph Banks, who was one of the respectable Medical Reformers of that Anti-Reforming day, "that without going 100 miles from Clifton, Bristol, and Bath, his own neighbourhood, practitioners might be met with, whose genius had transported them at a single bound from the side of the mortar to the bedside, and who go through town and country distributing their physic with as much professional gravity as if they had gone through the largest course of study, and stood the severest trial of skill."—"As to CONSUMPTION DOCTORS, CANCER-CURERS, MECHANICS professing to treat divers disorders, and *particularly* those of the *female* sex, there have arisen within my short memory several in whose *behalf* we might safely challenge all England. In this famed district we behold the splendid seat of *solemn, regular, respected* quackery, methodised according to the most approved forms," &c.—"Quackery has increased, is increasing, and

ought to be diminished." (*See Beddoes*.) We have known the West of England well, from Bath to Bristol, and from Bristol to Cheltenham, for the last seventeen years, and we can vouch for its not having lost, during any part of that time, its ancient character for gross credulity, and the support of the grossest and vilest quackery, as well as the most skilful and refined HUMBUG in physic. The prevalence of quackery has been viewed topographically, and Mr. Chamberlayne, we believe, published some stamp returns which proved that the West of England was always pre-eminent for quackery, in comparison with other parts of the kingdom. Extreme ignorance and credulity have been said by a learned antiquary to have been characteristic of the Dobuni, or aboriginal inhabitants. With the state of society in John Wesley's time, every ordinary reader must be acquainted. Were a line of country mapped out, including Bristol, Gloucester, Cheltenham, and Leamington, and the grossness of one district, the quackery of another, the hypocrisy of a third, the false principles, incorrect thinking, and the defective reasoning of men in all, described with candour and veracity, it would afford a curious picture of the comparative backwardness and feebleness, humbug and folly, of the human mind in particular parts of the country, compared with the advancement in London, and all large and enlightened communities, particularly in the North. Yet this was the country that possessed a Jenner, a Parry, and a Beddoes! Of those who excelled in our Western circles, the men of genius were happily called, by the 'Edinburgh Review' "ships in a river;" great by comparison with the medium in which they were contained.

The Soho and Lincolnshire Medical Reform Societies were most respectable, which again disproves the falsehood of the common-place and hackneyed insinuation of the Anti-reformers, hole-and-corner men, and jobbers, that reformers are "disappointed men." Dr. Harrison was Chairman, and Sir Joseph Banks Patron. Their object was to secure the co-operation of the Legislature in rendering the profession MORE RESPECTABLE, and suppressing, or at least RESTRICTING EMPIRICAL PRACTICE. The administration of that anti-liberal day permitted to them a post-free correspondence. The medical corporate bodies, with ONE exception, joined in the views of the society. Only one sentiment prevailed concerning the existence and magnitude of the evil. The London College of Physicians, like true corporators, always awake to a JOB, proposed to erect themselves into a medical magistracy, invested with the full authority of a Committee of Private Safety, and to have for deputies Fellows of the College in every county, with great discretionary powers, and salaries of "not more than £500 each," out of the full pockets of John Bull, who was then rioting in the mortgage money of the war and high prices. These deputies were to be empowered to license practitioners wherever they settled, examine their qualifications, prevent UNQUALIFIED and IRREGULAR practitioners everywhere, and WEED out QUACKS. The *disinterested* proposal of the College served, probably, to give the death-blow to this scheme of Reform; at all events Atlas now stopped and threw the globe from his shoulders. A commission, with summary power like this, would probably have been abused by a body of corporators, and perverted to their own selfish ends. No doubt apprehensions like these struck a death-chill into all parties. But the measure, *even in their hands*, would have been better than no reform at all. The Irish College of Physicians, King's and Queen's, acceded to the proceedings of the societies. The Scotch College

acknowledged the "existence of many abuses," but with the caution of Scotchmen, Sandy "refused to join in Medical Reform."

These societies, so promising in every respect, went on for two years. The documents were not open, but confined to publications circulated exclusively among medical men, and not written to win and interest the public. One of them was a pamphlet on the "Ineffective Practice of Medicine in Great Britain," by Dr. Harrison. They divulged their reports to medical men only, who did not want to know more than they already knew of the subject. But they trod as if they were treading on eggs, and their over-cautious, close, and separate policy, instead of influencing public opinion, lost the public, and that finical moderation which ruins every undertaking of the kind, which, indeed, has never effected any efficient reform upon a broad and liberal basis, ended in the total failure of the most promising combination ever formed to elevate the profession from its low, disorganized, and disgraceful condition. Dr. Beddoes justly remarked that they should have endeavoured to "to raise the brows of the parsons, country squires, and merchant princes in every part of the provinces." By getting up a hue and cry at the back of every quack in the country, a quack hunt in fact, they would have exterminated these wolves in sheep's clothing, as Alfred got rid of the natural wolves in England.

In 1807 were published 'Observations on Medical Reform, illustrating the Present Condition of Medical Science, Education, and Practice, throughout Great Britain and Ireland. Dublin.' This excellent essay was attributed to Dr. Grattan, but it was well known, we believe, to have been written by Dr. Hardy. It followed the views of the French, and was much praised, for many years, by the 'Old Edinburgh' and other British medical journals. He said "no more of that spirit could be traced in the proceedings either of the Lincolnshire or London Reform Societies, which ought to guide the councils of those who volunteer in reforming the abuses of political society. Theirs were crude suggestions rather than deliberate wisdom." In Dr. Harrison's addresses there was not one ray of that intellect which illuminated every period of 'Anti-Empiricus,' (an occasional correspondent of the 'Morning Herald'.) "Their plan," he added, "was not merely defective, but radically erroneous." We shall refer to the judgment of this able writer in future parts of our subject. About 1806-7, the Suffolk Benevolent Medical Society called loudly for Reform, and proposed increased expense of education, and difficulty of initiation, as the best means of checking the redundancy, ignorance, poverty, and quackery of the profession; but Beddoes, who had been educated at Oxford, called for the "dear system."

In 1829 a foreign physician, who had travelled in this country for inquiry, stated in print that "the profession was placed on such an illiberal footing that a description of it would scarcely be useful to any reader." We suppose he thought the English system equal to that of Spain! In the previous year Sir Arthur Faulkner, in his 'Rambling Notes and Reflections,' and in certain letters subsequently to the Royal College of Physicians, of which he is a Fellow, very forcibly recommended Reform. He says, that "there is no profession within the whole range of making a livelihood, the practice of which is so liable to deteriorate as physic; physic, of a trade, is the trade of all others the most exactly cut out for a rogue." About 1828 was published a new edition of 'Percival's Medical Ethics,' in which the editor gave an anonymous but sarcastic view of the institutions and profession, and advocated Reform.

Thus low and despicable has been the profession in England for the last three hundred years! The Apothecaries' Act of August 1815, and Lord Brougham's Supplementary Act of 6 July, 1825, may have worked some improvement, but it is not materially altered for the better. The Apothecaries' Company has lately reduced the term of apprenticeship. The College of Surgeons of London, forced by perpetual remonstrance, has lengthened the period of professional study. The Royal Commissioners have added another examination for the medical degree at Edinburgh. The examinations in our colleges and university schools are all more strict, systematic, and minute, but we have had no reform to a system equal to that of the schools of France, Germany, Italy, Prussia, and other continental countries.

We are of opinion that after three centuries of complaint, grievance and very imperfect legislation, the excessive redundancy of the medical profession, in proportion to the diminished and still diminishing quantity of employment, the greater comparative progress of other European countries in medical legislation and polity, and many other circumstances, all conspire to call for a more uniform, open, and extended system of medical government, a more elevated standard of medical qualifications, and a more peremptory and absolute suppression of sciolism, irregularity, and quackery. The whole profession, viewed as a body in England, is as heterogeneous in shape as Milton's sin:—

"If shape it might be called that shape had none,
Distinguishable in member, joint, or limb,
Or substance might be call'd that shadow seem'd,
For each seem'd either!

More than one-half the history of the profession of medicine in England is, if the truth be told, nothing more than the history of imposture.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.
Lat. 51° 31' 44" North, Long. 34° 45' West.)

JULY.	THERMOMETER.		BAROMETER.		RAIN.	WIND.	WEATHER.
	Highest.	Lowest.	Highest.	Lowest.			
12	68	41	29.900	29.880		N.	Cloudy.
13	70	40	30.084	29.900	.06	W.	Rain a.m.—fair.
14	74	51	30.182	30.304		W.	Cloudy.
15	80	47	30.190	30.120		W.	Fair a.m.—fine p.m.
16	74	63	3.50	29.912		W.	Cloudy.
17	70	51	29.926	29.800	.07	W.	Cloudy—rain night.
18	67	53	29.752	29.702		W.	Cloudy.
Mean	72	50.5	30.016	29.931	.13		

W. JACKSON.

FOREIGN JOURNALS.

[From our Paris Correspondent.]

Journal de Chimie Medicale.
Journal de Pharmacie.
L'Echo du Monde Savant.
Revue Scientifique et Industrielle.
Annali Universali di Medicina.
Bulletin de la Société Anatomique.
Bulletin Chirurgical de Laugier.
Bulletin Therapeutique.
Gazette Medicale.
Gazette des Hopitaux.
Gazette des Medecins Practiciens.
L'Esculape.
Archives de la Medicine Belge.
Medicinische Annalen.
Monatschrift für Medicin.
Hufeland's Journal.
Müller's Archives.
Medicinisches Correspondanz-Blatt.
Medecenische Zeitung.

I RESUME the account of *Pepsine*, the active agent of digestion, as given in *Quesneville's Revue*. M. Eberle was the first to maintain that the dissolution and digestion of the aliments is not the effect of oxydation or fermentation, as M. Schultz affirms, nor the mere effect of free acids, such as acetic or hydrochloric, according to Tiedemann and Gmelin, or the lactic acid, according to Laubert and Lassaigne. It is the mucus of the stomach which has the property of converting the aliment into chyle. Other experiments of Spallanzani, of Gmelin, Tiedemann, Beaumont, Müller, and Schwann, have indisputably proved that artificial digestion may be produced out of the human body by means of the gastric mucus mixed with acid. In an extensive memoir M. Schwann demonstrated that the gastric juice contains a particular principle, which, however, he was not able to isolate, but M. Wasmann succeeded in effecting this object. According to M. Wasmann, the digestive principle, or pepsine, resides in the grumous matter of the inner cells of the glandular membrane of the stomach. That membrane describes a species of circle, which ascends from the great curvature to the cardiac orifice, and is distinguishable from the other parts of the mucous membrane by its chemical nature, for if digested in very dilute acid, it almost entirely dissolves. It is also distinguishable by its extreme digestive power, for a portion of white of egg boiled in acidulated water dissolves within an hour and a half, whereas other parts of the mucous membrane would require six or eight hours to effect the same object.—Such is the quantity of active digestive principle contained in the glandular membrane, and with so much power is it retained, that it may be washed in repeated quantities of water for a whole week without losing its digestive properties, while other parts of the mucous membrane become inefficacious after the second or third washing. In the stomach of the pig, the mucous membrane in the middle of the great curvature, has an appearance by which it may be distinguished from the other parts. It forms a species of girdle, which ascends from the middle of the great curvature to the cardiac orifice, along both the anterior and the posterior surfaces. This girdle, of a dirty reddish colour, and smooth, is thicker than the other parts of the mucous membrane, and is composed of perpendicular columns, which are not formed, as in other parts of the mucous surface, by empty follicles, but which constitute particular glands, in breadth 0.03 to 0.05 lines, and composed of cells in diameter 0.016 to 0.026 lines, without communicating with each other. The connecting tissue gradually disappears towards the inner surface, so that the mucus itself appears like an as-

semblage of cells. The contents of these cells are variable. In the lower part is found a grumous mass intermixed with larger grains. Toward the surface, we find others of smaller dimension annexed to the principal cells, in which these grains are contained like nuts.—The grumous matter is what Schwann and Schleiden call *cystoblasterne*, from which new cells are formed. In order to investigate the solvent quality of the digestive principle upon different animal matter, M. Wasmann sometimes employed gastric juice, and at others a solution of acidulated pepsine. He found that a liquid containing only 0.0017 p.c. of pepsine, dissolved a lamella of the white of egg within six or eight hours, but with the addition of twelve drops of hydrochloric acid, the same effect was produced in about a fourth of the time.—Boiled white of egg is soluble in weak acid, if left a sufficient time in digestion. Half an ounce of boiled white of egg, boiled with two ounces of acidulated water for an hour, (the water being renewed as it evaporates,) will be dissolved, and the liquor will possess all the properties of the white of egg dissolved by pepsine.—M. Wasmann reports also that fibrine is dissolved by acidulated water—that the coagulated caseum is dissolved by the acid gastric juice, although more slowly than the albumine, but the solution in acidulated water can only be effected by ebullition.—The acid solution of pepsine, as also the gastric juice, dissolve the tissues which afford gelatine. The acidulated water will only produce the complete effect by long-continued ebullition; but with the addition of pepsine, the solution is rapidly produced. Hence the author infers, that the solvent power resides in the acid, and that *pepsine merely accelerates the solution at a temperature, when without its intervention the effect would be less speedy*. This opinion is contrary to that of Eberle, Müller, and Schwann, and accords with Tiedemann and Gmelin.—The glandular membrane of the stomach of the pig, man, rabbit, and the fourth stomach of an ox, do not coagulate the caseum, unless the gastric juice be acidified.

The tissues which are not dissolved by digestion with acidulated pepsine, are the epidermis, the horny parts, the middle coat of arteries, and elastic tissues. The epidermis, which covers intestinal worms, prevents their solution in the gastric juice, but when they are deprived of that covering, they dissolve readily. M. Tinon, in his researches on the digestive liquor, found that the stomach of the calf, washed several times with distilled water, dissolves the coagulated caseum with the assistance of heat. The solution was viscous, slightly turbid, abundantly precipitated by corrosive sublimate, and partly coagulable by ebullition. A portion of the same calf's stomach, well-washed, and digested in slightly acidulated water during the same time, afforded a liquor uncoagulable by ebullition. These experiments were repeated many times with the same result.

ROYAL COLLEGE OF SURGEONS, LONDON.

Names of gentlemen admitted Members on Friday, July 17, 1840:—

T. S. Upton, Tadcaster.
W. P. Omerod, Chepstow.
W. T. Sabine, Mansfield.
B. Booking, Plymouth.
J. Prentice, Lowestoff.
R. Willcox, Portsmouth.
W. H. Burn, Exeter.
H. J. Calthrop, Isleham.
J. B. Mawer, Swineshead.
C. T. Mackin, Dublin.
W. Hall, Lancaster.
W. Cormick, Tabriz, Persia.

UNIVERSITY OF LONDON.

EXAMINATION IN CHEMISTRY FOR HONOURS.

WEDNESDAY, July 15.—MORNING, 10 to 1.

CHEMISTRY.

Examiner, MR. DANIELL.

1. How may carbonic acid be generated and condensed into the liquid state? Explain the phenomena which occur when liquid carbonic acid is allowed to evaporate rapidly.
2. Explain and illustrate the meaning of the term *DIATHERMANCY*: in what do diathermanous bodies differ from diaphanous and transparent bodies?
3. What are the principal phenomena of polarized light, and how may light be polarized?
4. How may the diffusion of Gases be measured? and what is the law of their diffusion?
5. Describe the construction and explain the action of the electrical condenser.
6. Describe the mode by which the volta-type copy of a medal may be obtained, and explain the process.
7. What is Methylene? How is Hydrate of Methylene obtained, and what is its relation to Alcohol?
8. What is the constitution of Phosphoric acid? What are its relations to water and salifiable bases?
9. What are the principal constituents and characters of the fusible calculus, the mulberry calculus, and of red gravel?
10. Describe the properties of Sulphur and Selenium; state their equivalent numbers, and the principal points of resemblance between these two elements and their compounds.

AFTERNOON, 3 to 6.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

Examiner, MR. PEREIRA.

1. What are the crystals contained in the bottles marked respectively A, B, C, D, E, and F? Are they hydrous or anhydrous? what are their primary forms? what is their atomic constitution?
2. The fruits contained in the bottles marked respectively G, H, I, and K, were found in Alexandrianseenna. State the botanical name, natural order, and Linnæan class and order of the plants from which they were respectively derived.
3. How is the presence of nitrate of potash in fused nitrate of silver to be determined? Bisulphuret of mercury is sometimes adulterated with red lead,—by what means would you detect the fraud? How would you ascertain the presence of carbonate of soda in the bicarbonate of soda of commerce?
4. Describe the method of making *Ammonia sesquicarbonas* Ph. L. Explain, according to the ammonium hypothesis of Berzelius, the chemical changes which occur in the process.
5. State the most important chemical distinctions between *Morphia*, *Narcotina*, and *Codeia*; also between *Strychnia* and *Brucia*; and between *Cinchonia* and *Quina*.
6. How is oil of vitriol made? Explain the theory of the process.
7. Why is the *Liquor Ammonia Acetatis*, as usually found in the shops, incompatible with acetate of lead?
8. In what part of barks does their medicinal activity exclusively or principally reside; and how do you explain the fact of its residing in one part chiefly?
9. What are the most important constituents of the mineral waters of Cheltenham and Harrowgate; and for what diseases are these waters respectively adapted?

10. State the peculiar or characteristic symptoms produced respectively by Opium, *Hyoscyamus*, *Belladonna*, Tobacco, *Digitalis*, Aconite, *Conia*, and *Strychnia*.

11. Under what circumstances are Chalybeates to be preferred as tonics, to the vegetable bitters?

12. Describe the effects, uses, and modes of administration of Iodine.

FOREIGN HOSPITALS.

HOSPITAL LA CHARITE.—M. VELPEAU.

Successful Extirpation of the greater part of a Cancerous Uterus, with complete Recovery of the Patient.—This important case was reported in our number of June 13, so far as concerned the operation, together with such historical facts as to its result, as might in some measure serve to guide the judgment of the practitioner as to its expediency. On reference to that report, it will be perceived, that of nine cases operated by M. Velpeau, six relapsed, and either had died, or must inevitably die. This patient has left the hospital completely cured of the operation, although it is still possible that, at some later period, the cancer may return. The wound is perfectly cicatrized, and so adherent to the circumference of the vagina, as to seem one continuous cavity.

New mode of Excising Fistulae in Ano.—The usual practice is to lay open the orifices by incision; but M. Velpeau cuts away the whole fistulous surface with one sweep, provided that the internal orifice within the rectum is not higher up than thirty or forty millemetres. A grooved staff is then introduced by the external orifice, and when it gets into the rectum, its extremity being bent downwards, is brought out at the anus. The whole of the diseased part, now contained between the two extremities of the staff, may be drawn down and cut away at one sweep with the scissors or bistoury. An open wound is thus made, which may be dressed without the introduction of tents into the rectum, and the cicatrization is effected much more rapidly and permanently than by the ordinary method.

False Ankylosis of the Knee-joint—Subcutaneous Incision of the Tendons of the Flexor Muscles.—The subject of this case was a boy of fifteen years of age. The leg was bent at right angles. M. Velpeau performed the subcutaneous section of the posterior muscles of the thigh, which were retracted, after which the limb was put in a machine, by which continuous extension was kept up for fifteen days. Phlegmonous erysipelas, and numerous abscesses attacked the limb, so as not to admit of persevering in the mechanical extension; the limb unfortunately resumed its flexed position, and the patient left the hospital as bad as ever.

Sarcocoele—Extirpation of the Testicle and Cord, as far up as the Internal Inguinal Ring—Preliminary Ligature of the whole Cord.—The tumour, which was large, had existed three years. Its shape was that of an apple, its surface was irregularly bossed, in some parts soft, in others shining, and no doubt existed of its being cancerous.—A part of the tumour ascended into the internal inguinal canal, so that according to Boyer and others the operation could not be warranted. M. Velpeau, however, was of opinion that by dissection he might follow it within the ring, and find some sound part beyond which to make the excision of the cord.—As the tumour was moulded on the root of the penis, it required to be carefully dissected from that organ. It was also followed into the outer ring until it had reached the inner one; here the cord was tied in a mass before its section.

The ligature caused considerable pain, but M. V. prefers this practice to the risk of having a vessel requiring to be tied after the section, but which has retracted within the abdomen. Some apprehend tetanic symptoms from this ligature, but they have never occurred in M. V.'s experience.

Neerosis and Caries of the Humerus—Disarticulation of that Bone.—The disease occurred in a boy fourteen years of age. For four years past the upper part of the humerus was perceived through the integuments to be considerably enlarged, and the arm was twice its natural size throughout its whole extent. Several large and fistulous ulcers existed on every side; and the introduction of a probe detected carious and necrosed portions of bone in so many parts, as to leave no chance of success from excising the diseased portion alone.—The only question was as to the choice between disarticulation and amputation close upon the joint, between which methods much difference of opinion exists. Larrey maintains that disarticulation is the easiest to be performed, and is always to be preferred, even when a stump could be preserved by amputation. M. Velpeau prefers the stump where two inches of the bone can be left for the insertion of the scapular muscles, and thinks the sheaths of tendons are less likely to be inflamed by this means than when incised near the articulation.—But in our patient the carious bone exists within the two inches, so as to leave no alternative but disarticulation.—The next question arises as to the mode of disarticulation amid the various kinds of incision. M. Velpeau prefers the oval or the circular; the former where the skin is sound, and the latter where a portion is to be rejected, as in this case.—After making the two oval sections down to the bone, the capsule was cut into upon the head, which was forced upwards as an indicator, and the remainder of the incision was performed, after which the ligature was applied as is usual.—On referring to our report of MERCIER's case of death from the irruption of air into the veins under this operation, the fatal result will be perceived to have been owing to the *lifting up of the flap* in order to cut into the capsule.

HOSPITAL NECKER.—M. BRECHETEAU.

Meningeal Apoplexy—Hypertrophy of the left ventricle of the Heart.—A man, 70 years of age, was received into the hospital in a state of profound coma, with complete paralysis of all his limbs. He slightly recovered in the evening, said a few words to the *Sœur de Charité*, and then relapsed into his stupor. On the following morning, at the visit of the Physician, he was in the same state, insensible to the strongest pinches. The eyelids were closed, the cornea slimy, and the pupils largely dilated and immoveable. The pulse was hard and slow. He was bled, and four grains of tartar-emetic were poured down his throat, without any amendment. The dose of the emetic was increased to six grains, and blisters were applied to the legs, but to no purpose, for the next day he ceased to live.—On dissection, no trace of fracture or contusion was discovered. All the interval which separates the left hemisphere from the temporal region was filled with half-coagulated blood. The effusion which had taken place in the arachnoid, traversed the dura mater by imbibition. The brain was coloured in the same manner, and was considerably depressed by the effusion, which amounted to about four ounces. The cerebral layer of the arachnoid was much thickened and confounded with the pia mater, and contained distended veins. No other morbid appearances were found.

HOSPITAL LA PITIÉ.—M. LISFRANC.

Strangulated Umbilical Hernia—Continuance of the Symptoms after Reduction.—*Pathological appearances, with remarkable diminution of eight or ten inches of the Cavity of the Ileum.*—This case, said M. Lisfranc, is one of great interest, on account of the pathological state of the intestine. The umbilical tumour was about the size of a large walnut; its reduction and subsequent retention was easy.—The symptoms of strangulation had been trifling, but they remained unabated. The patient was pale and feeble, the abdomen was slightly painful, and the intestinal evacuations were few. To these symptoms were soon superadded nausea and vomitings. Nothing was changed as respected the hernia, but the abdomen was irregularly prominent in the course of the recti muscles. It soon became universally tympanitic, both as to sound and for tension, and the intestinal convolutions were perceived externally. There was no pain on pressure. The hernia was carefully examined, and the rectum was explored by the finger, without detecting the cause of the flatulent distension. Leeches were applied without relief—ice was placed upon the belly, chamomile glysters were administered three times a day. These were followed by expulsion of gas, and cessation of vomiting. Three days before death the abdomen subsided, but prostration and a typhoid state came on, and life became gradually extinguished without any remarkable symptom.

Necropsy.—Two ounces of serum escaped on laying open the abdomen. The small intestines were dilated to four times their usual size by flatus, until about eight or ten inches from the extremity of the ileum, whose cavity was traversed by several incomplete diaphragms, arising from a considerable development of the *valvulae conniventes*. The opening left by these septa was scarcely sufficient to admit the passage of liquid fæces, or even gas, from the small intestines into the cæcum, at which part the morbid changes terminated. The valves of Bauhin were also affected, being thicker and larger than in their natural state. The colon, smaller than usual by one-half, contained a little fœcal matter, like that in the small intestines. The intestine, on being punctured, gave issue to an alliaceous gas. The whole of the convex surface was of a venous colour, and patches of the same were found upon the stomach. The mucous membrane was throughout of the same dark venous colour without any change in the consistence or texture of the stomach or intestine. [How could this be, if even gas could not be forced through? There seems also another inaccuracy, which we have attempted to correct. The report says, "The distension of the intestine terminated abruptly at the cæcum." How could this happen if eight or ten inches of the ileon were in a state of contraction, (*retrecissement*), so as not to permit the escape of gas? If this be accurate, the obstruction must have been diaphragmatic, not *retrecissement*.]

Enormous Osteo-sarcoma of the Lower Jaw—Amputation of the Bone, with disarticulation on one side—Cure.—The patient was a female, thirty-eight years of age. At twenty-three, the hinder part of the alveolar region became painful, and as the four molares were enveloped in fungous excrescences from the gums, these teeth were extracted. The fungosities, nevertheless, continued to augment, and the face became subject to rheumatic pains, which recurred every four or five months. Thirteen years afterwards, the tumefaction extended to the soft parts contiguous to that originally affected. An abscess formed in the cheek, near the angle of the jaw, which being

incised, left a fistulous orifice. Other abscesses also formed, and gave issue to fragments of bone. The patient, however, enjoyed good health, and never complained of lancinating pains.—On admission at La Pitié, the tumour was hemispherical, and as large as a full-grown foetus, extending in one direction from the larynx to the cheek bone; in another, from the mastoid process of the temporal bone, and the apophyses of the first cervical vertebrae, to the symphysis of the chin, and even to the second incisor of the other side.—This enormous mass seems to make one body with the lower jaw-bone. It was universally adherent to the cheek, and had invaded more than half of the palate. The pharynx was forced back, and seemed downy to the touch. If not incorporated with the diseased mass, it was at least in close contact. The adherence to the os hyoides was manifest. The temporo-maxillary articulation was still free, but the disease had extended within four lines of it. The skin which covered the tumour, traversed by large varicose veins, was ulcerated in its centre, and a probe passed through the diseased bone into the mouth, producing the sensation of a bony shell, interrupted in certain points where the resistance seemed less. The tongue was forced to the right side. The sterno-cleido muscle closely adhered to the posterior and lower part of the tumour. The pulsation of the carotid was sought in vain above the level of the os hyoides. The tumour was free from attachment to the mastoid apophysis, or to the vertebral processes, although in close contact with them. The respiration was unaffected, but mastication was impossible, and the articulation was impaired. To prepare for the formidable operation of removing this tumour, M. Lisfranc made experiments on the dead body, whereby he determined, with more precision than hitherto, the relative situations of the external carotid and the branch of the jaw. The artery, instead of passing immediately upon the posterior margin of the branch, does not come in contact with it, until within a finger's breadth below the lower lobe of the ear, which is a fact of some importance to be noted.

HOSPITALS OF MALTA.—There are four hospitals in Malta, one naval, one military, and two civil. One of the last is in Valetta, and the other in Citta Vecchia or Notabilé, near the centre of the Island. There is a civil hospital, also, in Gozo. At Floriana, adjoining Valetta, there is an asylum for the insane, and the town last mentioned is furnished with a public dispensary. The civil hospital in Valetta is as well furnished and as neatly kept as most of the institutions of the kind in England and France.—A University was established in the island by the Jesuits, in the year 1592. It has included a medical department ever since its commencement. The Medical Faculty is composed of five Professors. The chairs are, 1st, Anatomy and Surgery; 2nd, Physiology and Pathology, including Theory and Practice; 3rd, Botany, Medical Jurisprudence, and Natural History; 4th, Obstetrics; and 5th, Chemistry and Materia Medica. At the commencement of the year 1839, the organization and discipline of the University were remodelled, and some changes were made in the Medical School. The medical students receive constant instruction in the hospitals.

Letters from the Childers, Commander Halstead, from Trincomalee, states, that the crew had suffered much from dysentery, and the heat of the climate, which had been most oppressive. The vessel was refitting in haste, to proceed to Calcutta to join the squadron destined for Singapore.

PRESERVATION OF BODIES FOR DISSECTION.

LORD LYNTHURST presented a petition from Mr. Roberts, whose invention of an insectic for preventing the decomposition of animal substances we have before referred to, praying for compensation under particular circumstances. "The ground (his Lordship observed) for the petitioner's application was, that he had been induced to communicate his secret to Mr. Warburton, by his, Mr. W.'s persuasion, as a preliminary step to the application to government for pecuniary compensation. This was authorized by the Home Office. It was subsequently proved and admitted by Mr. Warburton's experiments upon the same, and by the testimonies of the highest surgical authorities, to be most efficient. The pecuniary remuneration not having been awarded, Mr. Roberts was debarred from obtaining a patent, in consequence of his having been under the necessity of exposing the secret of his invention to Mr. Warburton. The petitioner concluded by praying that a select committee might be allowed to investigate the merits of his discovery, and into the present working of the Anatomy Act." Lord Normanby replied, that "he had concurred with his predecessor in believing that the discovery did not fulfil expectation." This we observe is contrary to the written testimony of Warburton himself, and many of the leading medical professionals which we have as authorities. He, Lord Normanby, "would, however, read the document, and explain with Mr. Warburton on the subject." Never, we must observe, will Mr. Warburton consent to its introduction as long as his purse is connected with the coffers of the North London University College, which, for its success, depends, in a great degree, upon a monopoly of dead bodies, and a certain number being dissected in a given time. This discovery would diminish materially the demand for dissections, and deprive, in some measure, the North London University College of this staff of monopoly.—However we may like the principles which Mr. Warburton professes with regard to politics in general, the injustice of referring to Mr. Warburton, an ex-parte man, for judgment, must be apparent. On account of the numerous complaints against the Anatomy Act, Mr. Warburton obtained for himself the office of being the concocter and president of a private committee of inquiry into the working of the Anatomy Act. *He dreads, on account of party and self-interested purposes, public inquiry* into the past working of the Act, and this prayer of Mr. Roberts is inseparably linked with the latter—this is the whole of the secret. Whilst Mr. Warburton humours the public with regard to general politics, he is a true Conservative with respect to everything which concerns himself; as connected with medical matters, he burks the deserving part of the medical profession, and wrongs the public—witness his conduct as to the great question of Medical Reform for these last six years.—We hope the matter will not rest here.

MEDICAL OBITUARY.

IN Nenagh, of fever, Mr. John White Larkin, many years apothecary in that town.—In his 39th year, Richard Godfree, Esq., of Inkberrow, surgeon. He was much and deservedly respected, and his death will be sincerely felt by all who knew him.—At the Royal Naval Hospital, Malta, Mr. Assistant-Surgeon Moody, of her Majesty's ship Zebra.—At Holm Rook, while engaged on a professional visit, Edward Thompson, Esq., surgeon, of Whitehaven. The death of this excellent man in the prime of life leaves a vacuum in society which will not soon or easily be supplied.

CORRESPONDENCE.

ON THE USE OF THE ERGOT OF RYE.

To the Editor of the 'Medical Times.'

SIR,—The 38th number of your Journal contains an article from the pen of Mr. Wardlesworth, on the use of the Ergot of Rye. I perfectly agree with him in the opinion, that it is a most valuable, powerful, and energetic remedy when properly applied; but I fear it is too often used in cases that cannot possibly justify any interference with the natural process. The very fact of its exciting such a powerful *expulsive* action in the uterus—although it renders it an invaluable medicine in some cases of extremity—should make us extremely cautious in prescribing it whenever it can be avoided.—I do not wish to undervalue Mr. Wardlesworth's researches; but I rather think that the cases he has adduced cannot justify the exhibition of so active an agent. In a natural case with the os-uteri dilated merely to the size of a sixpence, and no very urgent symptoms presenting, I see nothing which should induce us to interfere. Waiting for the natural efforts will do no harm; and we certainly run some risk of injury by meddling with the case. Rupturing the membranes will undoubtedly retard the process of labour, and perhaps bring on irregular uterine action, so that the pains will become ineffectual, and after the child is born, we are likely to have a retained placenta from hour-glass contraction. Administering the Ergot under these circumstances, I think is running a great hazard of rupturing the neck of the womb; and besides such forcible expulsive pains might drive the child's head through the perineum before the external parts would have become relaxed.—I have frequently found, in cases such as he has recorded, where the pains have produced so little effect on the os-uteri, that a draught with tincture of opium or morphia, will give a few hours repose, and after that the pains will go on as well as we could wish to the most favourable termination. I remain, Sir, yours, &c.

JAMES C. L. CARSON, M.D.

Coleraine, June 22, 1840.

INOCULATION AND VACCINATION.

To the Editor of the 'Medical Times.'

SIR,—I trust you will excuse my sending you a few lines respecting Mr. Wakley's prohibiting all persons from inoculating for the small-pox. His comparison of the plague and small-pox, and question respecting the permission to inoculate for the plague, is a piece of his own peculiar bombast; for there is this essential difference, that one is not mitigated by inoculation, but the other has been proved and acknowledged by all practitioners, in every country, and every age, to be greatly mitigated by inoculation.—No one is a stronger advocate for vaccination than myself, and I have reason to be so, having passed through all the stages of small-pox so mildly, as to be able to follow my profession the whole of the time, while the one from whom I caught it, and the one to whom I propagated, died, they not having, as I had been, vaccinated. But I have several times met with persons, I may say hundreds in the last twelvemonth, who will not have their children vaccinated. I vaccinate all who have not been, and are admitted into our workhouse, and last week alone two mothers refused to allow their children to be vaccinated. In a case of small-pox, where there were seven children younger than my patient, all persuasions failed in attempting to prevail upon the parents to have them vaccinated, (they being of opinion the small-pox must be *in the blood*, and to vaccinate, the two diseases must meet, and kill their children.) I therefore *inoculated* all seven from the eldest, and none of them had more than two or three pustules round the puncture, and all escaped without farther injury from the disease, which the eldest, who *took it naturally*, after many weeks illness, and great danger, recovered, though dreadfully marked. I did not by inoculation *spread* the disease, or could have done, to other families, for all those inoculated recovered long before the one who took it naturally. I have, on other similar occasions, inoculated, and always with equal suc-

cess; but the amendment to clause ten prevents me and all other medical men, under any circumstances, from inoculating, thus preventing us from attempting to alleviate the disease by a remedy, which has ever proved greatly to mitigate all its evils; and I do not see a clause by which parents can be *compelled* to have their children vaccinated; therefore in future, when small-pox breaks out in a family, and the family refuse vaccination, I must painfully stand by and see the rest of the children take it in its *natural way*. If you enter into my views, and can point out to Mr. Wakley, or any one else, the necessity, under some circumstances, of inoculation, you will greatly oblige your humble servant, and constant reader,

T. S. FLETCHER.

Brooms Grove, June 30th, 1840.

PROVINCIAL MEDICAL AFFAIRS.

GLASGOW.—VACCINATION BILL FOR SCOTLAND.—We are happy to observe that the Lord Advocate has given notice of his intention to bring in a Vaccination Bill for Scotland. The necessity for such a measure has long been apparent to all those who have directed their attention to the subject, and it is melancholy to think that, notwithstanding the discovery of vaccination by Dr. Jenner, nearly 12,000 deaths take place annually in England and Wales from small-pox. This source of mortality will now be diminished by the operation of the Vaccination Bill, by which inoculation for small-pox is prohibited, and the Poor-Law Commissioners are empowered to take effectual measures for vaccinating the children of the poor in England. We have no data for ascertaining the mortality from small-pox throughout Scotland, but the Mortality Bills of Glasgow prove that the deaths from small-pox are as 1 to 677 of the estimated population, while in England, as appears from the report of the Registrar-General, they are only as 1 to 1318 of the population. That the deaths from small-pox in Glasgow depend on the neglect of vaccination is apparent from a table of the ages at which the deaths occur, by which it appears that 1933 of the deaths took place under 5 years of age—a striking proof that vaccination had not been performed; and of the deaths from small-pox, above 10 years of age, nearly 70 per cent. were those of natives of the Highlands, who were never vaccinated, or imperfectly so. While the Irish constitute 33 per cent. of the admissions to the Fever Hospital, the proportion affected with small-pox is only 4 per cent. The Irish in their own country are universally vaccinated in their county and other dispensaries, and therefore they escape small-pox. We sincerely trust that the bill about to be introduced into Parliament by the Lord Advocate will prove effectual in removing the miseries occasioned by small-pox, by promoting the practice of vaccination among the poor; for it is from this class of the community almost entirely that the victims to this loathsome disease are selected.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—1st Foot, L. Barron, M.D., to be Assistant-Surgeon, vice Brewster, who retires.

NAVY.—Assistant-Surgeons, Alexander Wilson appointed to the Princess Charlotte; Edward George Irvine, M.D., (additional acting) to the Princess Charlotte; Dr. R. Clarke, (acting) to the Britannia.

Dr. Graefe, who lately arrived at Hanover, for the purpose of operating on the eyes of the Prince Royal, died there of brain fever. It was thought at Hanover, that even if Dr. Graefe had not been thus incapacitated, the operation would not have taken place.

An inquest was held on Tuesday, on a patient, whose death was attributed to the opening of an artery by mistake for the vein, at a London hospital. We shall make some inquiries, and report the case in our next.

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SKETCHES OF "THE COLLEGE."—NO. I.

THE LIBRARY.

INSTITUTIONS, like men, are subject to the laws of decay and reproduction—like men, have their periods of infancy, of vigour, and decrepitude. It is therefore equally unfair and unphilosophic, when an institution which, in its prime, has done the state much service, falls in the progress of time into comparative uselessness, to heap on it every epithet of scorn and hatred, to point out its insufficiencies without regarding the circumstances which gave them birth, and expose its failings as the effects of vice rather than of age. Thus is it with "The College"—the College *par excellence* of the English student—the London College of Surgeons. It is abused by one party as the very impersonation of all that is bad and odious—many of the opposition licensing bodies point to it as a mere diploma-shop, whose owners are alone anxious to sell as many pieces of parchment as possible, and contrast its examination with that of the Blackfriars' "dealers in medicines and pepper;" or with that of its Irish and Scotch rivals; while its friends, and those who profit by the working of the present system, extol it as excellence itself, laud it as incapable of error, and with Sir 'Tony cry in the exaltation of their hearts, that 'the mighty labours of the examiners alone, *without taking a penny from the pockets of the profession*'!! supports, an institution replete with excellence, wisdom, and usefulness. We think that neither party are right, and for ourselves are not only content to take the College as it is, but believe that its friends would be wiser, and its enemies stronger if they did so likewise. It is the institution, which, in this country, rescued Practical Medicine from the hands of the scrapers of chins and curlers of hair, and on the wreck of the barber-chirurgeons, elevated surgery into a science. Herein rests its claim to respect—and although the progress of events has proved beyond contradiction that the London College of Surgeons, like the sixteen other licensing bodies, are out at elbows with the times, and doomed ere long to give way to institutions more befitting the wants and feelings of the age, yet in these, its latest of days, and in the history of medicine hereafter, will it be regarded as worthy of respect—as having fulfilled its destiny ere it passed away.

It was with such feelings that we first entered the noble building in Lincoln's Inn Fields, and in such temper have we often since sought the quiet of its library, or entered its magnificent museum—to ponder over the unrivalled collection of Hunter. Although the building is a modern one, it has about it all the chaste and classic quietude which pertains to antiquity, and best befits a temple devoted to science. The style is Grecian, and a slight stretch of imagination would people its museum with the throng of anatomists of old

Greece, paying their tribute of admiration and respect to the master-mind whose labours gave the building its chief treasure.

But leaving for the present the museum, let us approach the library. The door guarded by the sculptured similitude of anatomists and surgeons, admits us to a noble room, surrounded by books.—But here, on the very portal, time and space bid us pause for a week.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 18th July, 1840:—

Epidemic, endemic, and contagious diseases	157
Diseases of the brain, nerves, and senses	179
Diseases of the lungs, and other organs of respiration	228
Diseases of the heart and blood-vessels	22
Diseases of the stomach, liver, and other organs of digestion	80
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c. .	7
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c. ....	..
Diseases of uncertain seat	94
Old age, or natural decay	64
Violent deaths	25
Causes not specified	2

Deaths from all causes..... 867

OBSERVATIONS ON THE EMPLOYMENT OF CIMICIFUGA IN THE TREATMENT OF CHOREA.—The *cimicifuga*, known in America under the common name of *black snake root*, has been recommended by Dr. Young of Pennsylvania, as a remedy for chorea. Dr. Kirkbride has just published seven cases in which he tried it. He concludes them by observing:—"We feel satisfied of the value of the *cimicifuga* in the treatment of chorea, and disposed to attribute to it powers in some other affections in which we have not yet had an opportunity of giving it a satisfactory trial. After the details we have given, it is hardly necessary to say, that we do not look upon it as a specific in chorea. We have scarce ever met with a case where the primary treatment was not plainly indicated by the disordered digestion, the loaded bowels, the pain or heat of the head, and the languid circulation of the skin. But it is also right to state, that, where these symptoms have been properly treated, the involuntary muscular movements have often continued unchanged, until after the employment of the black snake root. Purging we have always used before the *cimicifuga*, and general frictions with salt or the flesh-brush, and pustulation with croton oil over the spine, we have believed to be of much value in the chronic cases. Of the two preparations we have employed, we are disposed to give the powdered root the preference, and now regret that we did not administer large doses in that form in our fifth case, where the decoction certainly had no effect."—*Amer. Jour. Med. Sci.*, Feb. 1839.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

AMPUTATION OF THE THIGH—OF THE LEG—OF THE FINGERS—OF THE WRIST—AT THE HIP-JOINT—AT THE SHOULDER-JOINT.

POSTPONING the consideration of particular fractures, I purpose, gentlemen, to show you this evening the mode of performing some of the more ordinary amputations. There are a variety of points for consideration in speaking of amputations generally. In the first place, we should have to consider the circumstances under which amputation is necessary, or those under which it becomes expedient; but these we will not now enter into, I have at present merely to show you the mode in which the operation is to be performed.—There are two general methods adopted for the removal of limbs—these are amputations by the *circular incision*, and by the *flap operation*. In the former of these, a circular cut is made through the soft parts, and a subsequent division of the bone, forming a wound in which the soft parts can be brought together evenly—approximated, and placed under circumstances favourable to union by adhesion. In the other case—in the flap operation—there is one, or there may be two, or even more portions of the soft parts divided, not in a circular manner, but in such a way that they admit of being adjusted, fitted to each other, and of course of being placed also in that relative position that would be favourable for union by adhesion. Of these two methods the circular incision is that employed in the great majority of instances.—We have to consider the situation in which the amputation is to be performed as well as the mode of performing it; and, generally speaking, the rule of proceeding is to amputate the limb so as to preserve as much of it as we can; that is, to leave behind as much of the sound portion of the limb as we possibly can. The situation in which amputation is to be performed varies in different instances. Amputation may be either performed on some part of the continuity of a limb, or it may be performed at a joint. We may cut off a limb by making a division at one of the articulations, but the amputation in the continuity of a limb is the proceeding most commonly adopted.—Then, in reference to the performance of the operation on any particular occasion, we have to consider the proceedings that are necessary in order to arrest hæmorrhage during the removal of the limb; the mode of performing it in the quickest and most perfect manner, so far as the immediate effects of the operation are concerned in the mechanical removal of the part; the steps which are subsequently necessary for preventing future hæmorrhage by securing the orifices of the vessels that are divided; the mode of uniting the wound, and the treatment of the patient after the operation has been performed.—I shall, in the first place, show you the mode of performing amputation by the circular incision; that is the proceeding that is generally adopted in the amputation of the thigh. In this case we always adhere to the rule that I have mentioned to you of taking off the diseased part in such a way as to preserve as much as possible of the sound part; and therefore the direction of the incision in the amputation of the thigh is as near to the knee-joint as we can make it consistently with the purposes of the operation. It is necessary, of course, that the whole of the disease (if it should be disease that requires amputation) should be removed: we must, therefore, perform the incision which is necessary for the removal of the limb completely above the part to which the disease may have extended. But, in many cases, there is some exception to this rule. Suppose we amputate for disease existing in the knee-joint: in

consequence of the disease, abscesses may have formed in the neighbourhood of the joint; these abscesses may have extended to a certain distance along the thigh; they may have reached, perhaps, half up the thigh, or even farther. It is not necessary on that account to make the incision completely above the situation to which such mischief may have reached in such a case; the mere formation of matter in a higher part of the limb is not an objection to amputation in a situation below where the abscess has extended, for inasmuch as you take away the primary disease that has led to the formation of matter, you will find that the change of structure which is consequent on such abscess does not at all interfere with the healing of the wound. You may cut through a sinus, or even through an abscess, without endangering the success of the operation. But if you are removing the limb on account of a cancerous disease, or on account of an affection of the fungoid class (*fungus hæmatodes*)—an affection of a malignant nature—you must be extremely cautious to go completely above the situation of the disease—not only to amputate in the sound part, but to amputate some distance above the part to which the disease may have reached. In the case, then, of the circular amputation of the thigh on account of disease of the knee-joint, or any other affection of the limb, we endeavour to amputate it as near the knee-joint as we can, with attention to the circumstances first enumerated.

The first point, then, is to apply a *tourniquet*, as it is called, to stop the entrance of blood through the main artery, so as to prevent bleeding during the removal of the limb. Bleeding during an operation of this kind may be prevented by tying any circular band round the limb with a certain degree of force; it is not absolutely necessary that you should employ the instrument which surgeons call a tourniquet. If you merely place an ordinary ligature round the limb, and draw it very tight, so as to make compression, it will be sufficient to prevent hæmorrhage; but the instrument called a tourniquet is a more safe and convenient mode of commanding the bleeding. In this instrument you have a strong girth which buckles round the limb, with a part which is called the pad, which slides along the girth, so as to admit of its being placed in different situations, according to the size of the limb; and you have a screw, by means of which, after you have buckled this girth round the limb, the pressure can be increased to any extent you please. That is the construction of the tourniquet.—The object in amputation is to divide the soft parts so that they may be conveniently brought together again after amputation has been performed, and so that they shall completely cover the extremity of the bone where you have divided it. Inasmuch as the soft parts are retracted considerably after they have been divided, it is necessary to saw through the bone considerably higher, or nearer to the trunk of the body, than the point at which you divide the soft parts. For this reason it is expedient to have as free a space for the retraction of the muscles after you have divided them as possible; consequently you apply a tourniquet, which exercises considerable pressure on the soft parts of the limb, as far as you conveniently can, above the situation at which the bone is to be divided, so that the muscles, when they are cut through, may have sufficient scope for retraction; for this purpose in amputation of the thigh, you should put on a tourniquet as near to the bend of the thigh as you can. The pad of the tourniquet is meant to be placed immediately over the artery, so that when the tourniquet is screwed there may be a more particular pressure exerted on that vessel; and it is expedient to have the pad as near as we can opposite to the situation of the screw. You will find it necessary to draw the tourniquet very tightly before you begin to screw it; for otherwise, where the limb is thick, you may find that you have to turn nearly the whole length of the screw, in order to get the requisite degree of pressure. Having applied the instrument in this way, you turn the handle of the tourniquet till you have got it pressed as firmly as you consider will be necessary, in order to prevent the passage of blood through the artery. It is of course necessary that the operator, before

he begins to perform the operation, should satisfy himself respecting the position of the tourniquet, the place on which the pad presses, and the sufficiency of the pressure for arresting the flow of blood.—The first object in proceeding to amputation by circular incision is to divide the integuments and the adipose membrane by a single cut. Having done that, you retract the divided integuments, you detach them to a certain extent from the muscles which they cover, and then you divide the muscles by a second cut down to the bone: having divided them, you proceed to saw through the bone. Thus there are three steps in the operation—the division of the integument and adipose membrane—a second division, of the muscles—and a third division, of the bone.—After having divided the integuments, you must either have them retracted by the hands of the assistant, or you must detach the adipose membrane which connects the integuments to the muscles, so as to have a sufficiency of integument after the muscles and bone have been divided, completely to cover the parts; for the object is, when the limb has been removed, that the wound should unite as a simple cut, so that you should have it representing simply a straight line. It is not sufficient, therefore, merely to divide the skin and adipose membrane,—it is usually necessary to turn back a certain portion of the skin, so that the muscles may be divided higher in point of situation than the part at which the integument has been divided. This becomes the more necessary in proportion as the limb is thicker or larger at the point where you perform the operation, and also in proportion as the muscles and other soft parts may be more consolidated by the inflammation they have undergone; for in that case, if it were not retracted very considerably, it would gape when you came to press the wound together. You might make it a matter of calculation how long the integuments which are to be retracted or turned back, in order to cover the surface of the stump, should be in each case. If you suppose that the parts are not unyielding, you may measure the circumference of the limb, and supposing that to be twelve inches or one foot, as the diameter of the limb is one-third of the circumference, the diameter in this case will be four inches; consequently, if you come to approximate the integuments from side to side, you must have as much as will cover one-half of the diameter, and therefore you must turn it back for the space of two inches on each side.—Supposing you divide and dissect back the integuments, in order to cover the face of the stump—it is not absolutely necessary to divide the integuments and the adipose membrane at one incision, but you can easily accomplish that purpose, and it appears, perhaps, more dexterous to do it. All you have to do is to carry the knife round with your hand in the way I now show you, at the anterior part of the limb, and then you bring it over and cut through the integuments and adipose membrane by a single stroke; but if you do not find that very easy, you may begin on the inside of the limb, carry it round, and then complete the incision in that way.—[The lecturer then proceeded to the performance of the operation, and said]—I begin, then, by making an incision very close upon the knee-joint; for you will recollect, that though I may cut close upon the upper edge of the patella, I shall not have to divide the bone at that situation, but perhaps three or four inches above it. Then you dissect back the integuments, and that is the first of the operation.—The second step of the operation consists in cutting circularly through the muscles down to the bone, as high up as the point to which you have reflected the integuments. When the muscles are thus divided, you find that they retract unequally. There are some of the muscles that are loose—that are not adherent to the bone; others are fixed close to the bone, and of course the loose muscles retract much more than the fixed muscles do. After, then, you have divided in this way, down to the bone, both the loose and fixed muscles, you will then, drawing up the muscles with your own hand in the way I show you, again carry the knife down to the bone, cutting through the fixed muscles higher up; and in the living subject, where it is desirable to saw through the bone as high up as you can, you may find it necessary to carry the point

a little down upon that part of the bone, so as to detach the muscles immediately where they adhere to it. Your object, in general, will be to saw through the bone as high up as you can, in order to preserve as large a portion of soft parts, to cover the exterior of the bone, as possible. Now this mode of proceeding, so far as I have already shown you, is called amputation by the *double incision*, for heretofore it was the practice with surgeons to cut through the skin and muscles down to the bone at once. That mode of proceeding would necessarily be attended with this inconvenience—that the skin afterwards would not be sufficient to cover over the surface of the muscles, and there would be a large circular wound, equal in size to the dimensions of the incision that was made. It was soon found, therefore, to be a much more convenient plan to cut through the integuments, to separate them, turn them back, and then cut through the muscles, so that the wound would admit of being brought together, and be capable of forming an immediate union.—Then, having carried the steps of the operation thus far, the only part that remains is to saw through the bone; and in doing this, the object is to divide it without injuring any of the soft parts. For this purpose, it is most convenient to employ what is called a *retractor*—that is, a piece of stout linen which is split at one end, so as to form two divisions, and these are passed on each side of the bone. The two ends are drawn close above the bone, and the assistant, by means of this retractor, holds the divided soft parts out of the way while you divide the bone with a saw. The use of the retractor is not absolutely necessary, for with your own hand you may hold the soft parts sufficiently out of the way to accomplish the purposes of the operation; but it is sometimes more convenient to employ the retractor, as you avoid all risk of injury to the soft parts.—[The lecturer then presented the limb which he had removed, and said]—Now you will observe, when a limb has been removed in this way, the part that is removed represents a cone, the base of which is the division of the integuments, and the apex of which is the divided bone. You have to divide the integuments, therefore, considerably lower down than the muscles, and to divide the muscles considerably lower down than the bone; consequently you find that the wound that is thus formed admits of being united so as to represent a straight line across the face of the stump, and it may be united across the stump transversely, or may be united in the opposite directions.—Then, having removed the parts in this way, the next object is to secure the vessels that are divided in the amputation. In the first instance, knowing the situation of the main artery of the limb, you take hold of it with a pair of forceps, and drawing it out (separating it if it does not immediately come away with the forceps) from the parts to which it is connected, you put a ligature round it. There may be, perhaps, one or two other principal arteries of the limb that you tie in the same way, and having secured these, you generally find it expedient to loosen the tourniquet, in order to see what other vessels bleed. If you find two or three arteries bleeding very freely, you may secure them; but after having secured two or three vessels, you generally find it necessary to take away the tourniquet entirely, for while the tourniquet remains you find a great flow of venous blood from the surface of the stump, but when the tourniquet is entirely removed you find it is put a stop to, and then you can look for the arterial orifices that produce the hæmorrhage. The number of vessels that require ligatures after an operation, is very variable. Sometimes the femoral artery, and perhaps one or two only, require to be tied; in other instances you may have ten or even fifteen to tie, after the amputation of the thigh. It is expedient to secure, by ligature, all the vessels that bleed, before you dress the stump; for it is a very perplexing circumstance to have hæmorrhage occur after the operation—to be called in the evening, or during the night of the operation, and to be obliged to undo the stump and seek for the bleeding vessels. This is very painful to the patient, and exceedingly annoying to the surgeon; and, therefore, it is much better for you to employ a little more time in securing, at the

period you make the amputation, all the vessels that bleed, than to subject yourself to this kind of inconvenience. After tying the femoral artery, you often find that hæmorrhage continues from the femoral vein, and that a very considerable stream of venous blood will issue from it. It is, however, very desirable to avoid the application of a permanent ligature upon a vein, such application frequently producing inflammation of the vein; indeed inflammation which is of the most dangerous kind, often terminating fatally. It is a great addition to the risk of a patient's life to place a ligature on a large venous trunk, and therefore it is better, if you have the opportunity, to press on the orifice of the divided vein with the finger, and proceed to secure other vessels that may require a ligature; and perhaps by the time that you have secured all the other vessels, the femoral vein may no longer bleed; or you may apply a temporary ligature—that is, a ligature on the vein, merely tied with a single knot, and then take it off when you have secured all the other vessels. If the vein do not then bleed, a permanent ligature is unnecessary; but if at the end of the operation a free stream of venous blood proceed from the vein, then it is the lesser evil of the two to apply a ligature. It has happened to me in a great number of instances, to find it necessary to tie the femoral vein, and I do not remember such inflammation to have arisen, though it is said to have been frequently produced by the application of a ligature to a vein. If there should be bleeding from small vessels, perhaps you can stop it by sponging the surface of the stump with cold water; and in the course of your proceeding to secure the vessels which are divided in the amputation, it is as well to employ a sponge dipped in cold water, which promotes the retraction of the divided vessels, and tends to diminish the number requiring ligatures.—Then, having secured all the vessels that bleed, the next point is to dress the wound, and in doing this you follow the general rules that I have already laid down for the approximation of recent wounds—that is, you bring the divided parts together, you retain the sides of the wound in apposition by strips of sticking plaster, and you trust to that mode for their union.—You may either unite the wound in a line across the surface of the stump, or you may unite it in an opposite direction, according as the integuments and soft parts can be most conveniently approximated in the one or the other way. I do not know that there is any great preference in the one or the other mode; but perhaps, on the whole, the union from behind forwards is the best; in which case the sides of the wound are brought together so truly, that the wound when united forms a straight line. You employ a broad strip of sticking plaster about the middle of the wound, which will pass up nearly the length of the thigh, both on one side and on the other, and you bring the edges gently together—not making a point of drawing them forcibly together, or approximating them closely; and then you employ as many other strips as will be sufficient to maintain the sides of the wounds in contact. It may be as well, perhaps, to leave the inferior angle of the wound a little open; for there is a little oozing of blood sometimes from it, and it is better to leave the wound in a state favourable to its escape, than to have the wound so united that it cannot escape; in which case it may produce distention, and thus excite further hæmorrhage. The ligatures that have been applied to the various vessels are to be brought out as near as possible to the situation where the vessels have been divided, or they may be brought out at the posterior angle of the wound—that is, the situation where they will escape most readily. No further dressing is necessary—or, at all events, nothing more is necessary than the application of a portion of lint spread with spermaceti ointment over the ligatures, to prevent them from being entangled; and that you may secure by a strip of adhesive plaster. It has commonly been the practice to apply a circular bandage from the bend of the thigh, carrying it down to the stump, and to apply a large portion of linen over the wound, and secure it by adhesive strips; and apply a bandage carried from before backwards, and

one laterally over the end of the stump; and farther to include the whole of the apparatus thus applied by means of a woollen night-cap drawn over the end of the stump. This is a mode of dressing that was generally employed in this hospital some years ago; but the plan, you observe, is contrary to the general principles that ought to be followed in uniting recent wounds. It is covering the wound with a quantity of substances which are calculated to heat it, and of course which favour the occurrence of inflammation, and therefore are liable to frustrate the object in view—the union of the wound by adhesion. In this case, as in other instances of recent wounds, we must endeavour to keep down inflammation—we must do all we can to prevent the increased action in the part going beyond that extent which is simply sufficient for the agglutination of the sides of the wound, and therefore the cooler we can keep the wound and the surface of the stump, the more likely we are to have the union take place in the way we desire; while, on the contrary, the more we cover and heat the parts with a load of dressing, the greater probability there will be that we shall have inflammation taking place, and that we shall have that inflammation proceed the length of forming suppuration. There are some instances in which the muscles of the limb are very loose and flabby at the time we operate—where the patient is considerably reduced, and where there is but little probability of inflammatory action taking place; and we may in such a case deem it expedient, in order to support the parts altogether, to apply a circular bandage in the way I have mentioned from the bend of the thigh to the end of the stump—it must not, however, be applied tightly. I think the surgeon who applies a bandage ought himself to see the patient a few hours after the operation, or take care that he is seen by some other individual in whom he can place confidence; and he must then divide the bandage, if it should have become tight in consequence of the swelling of the parts subsequent to the performance of the operation. I have no remarks to make relative to the future treatment of the wound in addition to those I had occasion to mention to you relative to the union of recent wounds.

AMPUTATION OF THE LEG.

In an operation where there are two bones to be divided, the mode of proceeding is essentially the same as where there is only one. The leg is the most common example of this species of operation, and the principal difference in the two cases is, that in using the retractor you have to divide it into three portions. There must be a piece of the retractor pass in the interval between the two bones, when you come to perform this part of the operation. Now in amputating the leg, we do not observe the rule which I have already mentioned to you as applicable to the thigh—that of attempting to preserve as much of the limb as possible. Supposing that disease of the ankle-joint is the cause requiring amputation of the leg, and supposing the disease should be limited to the situation of the ankle, we do not operate immediately above the seat of disease, but at a certain distance below the knee. It is found that in reference to the subsequent wearing of an artificial limb for the support of the body, that this answers much better upon the natural surface of the knee than if an artificial limb were adjusted to the extremity of the leg, when it has been amputated low down, the smaller end of the stump in that case being apt to ulcerate. Hence it is admitted that an artificial limb adapted to the lower part of the leg does not answer the purpose by any means so conveniently as that which is accommodated to the knee. We operate, therefore, on the leg in such a way as to divide the tibia and fibula about four fingers' breadth below the superior articular extremity of the tibia, and that leaves a broad surface for the limb to rest upon the artificial leg. The amputation of the limb low down, however, has been frequently tried, under the idea of saving a longer portion of the member; but it has not been found to answer so well as the other mode.—I consider that the circular amputation answers best in the leg, though this is a part in which the flap operation has been repeatedly practised—in fact, the one in which it was originally

proposed. In the flap operation, the flap is cut from the calf of the leg: either an incision is made through the integuments in a sort of oval direction, and then the muscles are divided, or a sharp-pointed instrument is carried through the calf of the leg, and the flap made from within outwards. You may make the flap by an instrument of this kind [producing it], called a *catling*: it is a double-edged knife, with a sharp point, and you may thrust it through the limb from one side to another at the point you propose to make the incision, and by carrying it from within outwards, you cut a flap from the muscles of the calf. I will just show you the plan of proceeding, in order to point out to you the mode in which the process is accomplished.—[Mr. Lawrence then proceeded to the performance of the operation, and said,] you carry the instrument in the first place through the muscles of the calf, close to the posterior surface of the tibia and fibula. Then having done this, you have got a flap which you will afterwards apply to the surface of the stump. It is necessary in amputating the leg, to reflect the integuments to a certain distance along the surface of the tibia, because that is a part where there are no other soft parts that cover the bone; and then you divide the muscles that are seated between the two bones. Having proceeded thus far, whether you operate by the circular incision or by the flap, after having cut the muscles that lie exteriorly, you must divide those that lie just between the two bones. Whether you are operating on the leg, or whether you are operating on the fore-arm, with the instrument called a *catling*, you carry it between the bones, and then divide, first on one bone and then on the other, so as to cut through the whole of the muscular fibres between the two bones. I pass the *catling* from before, and carry it close down to the tibia, so as to divide all the muscles that are seated upon it; and I carry it in the same way down to the fibula, and then it passes in between them, so as to divide the muscles in that direction. It is necessary here, on account of the close adhesion of some of the muscular and tendinous fibres of the bones, to be pretty cautious in dividing the whole of the soft parts before you begin to use the saw. Then in applying the retractor, the middle of the three divisions is carried in the interval of these two bones.—In dividing the tibia and fibula the surgeon generally places himself on the inside of the limb, so as to divide the two bones together. This, however, is not absolutely necessary; you may saw through the tibia first and the fibula afterwards, or *vice versa*. If any muscular substance should remain adherent to either bone, you must divide it with a knife, so as not to allow it to be lacerated. Then you bring together the edges of the wound by drawing forwards the flap that has been left of the muscles of the calf. You observe that you can bring together in a very even manner the soft parts that have been divided in this way. But you will understand that, for my own part, I consider the circular amputation is the best for the removal of the limb in that situation in which amputation of the leg is usually performed, and the subsequent union of the wound is then accomplished by the approximation of its sides laterally, just in the same way that I recommended you to unite the sides of the wound in the amputation of the thigh.

AMPUTATION OF THE FINGERS.

Now amputation, I have mentioned to you, is performed either in the continuity of a limb, or at a joint. There are certain states in which we amputate at a joint by preference, and there are others in which we amputate at a joint by necessity. To the latter case belong amputations at the shoulder and at the hip-joints—to the former, amputation at the joints of the fingers and of the wrist.—Amputation of the *fingers* is a very simple affair indeed. Amputation of the fingers is performed by a *circular* incision, which you carry a little beyond the articular extremities of the finger down to the bone, and you remove the part that you wish to amputate at the articulation. You carry a circular cut, leaving just as much integument as will be sufficient to cover the extremity of the bone afterwards. You can generally in the living subject draw the integument back, and retract it sufficiently to divide the bone at the joint without dissecting it

back. You then cut into the joint, either on the external or the internal side.—[Mr. Lawrence then performed the operation, and presenting the removed portion, he said:—This is cut off at the joint, and you see the integument that is thus left is sufficient when brought together completely to cover the extremity.]—It is sometimes advised that the cartilage covering the articular extremity should be removed when you amputate in the articulation. This, however, is unnecessary; for if you bring the parts together, they will unite very well over the articular cartilage. Nevertheless, it is not difficult to pare off or scrape away the articular cartilage on the end of a bone, and there is no particular objection to it.—In this way you perform amputation at any of the joints of the fingers. When you have to amputate between the metacarpal bone and the first phalanx of the finger, you can do this at the articulation. You make a double incision, one on each side, cutting in an oblique line, and you find it further of advantage, in reference to the subsequent shape of the limb and the convenient arrangement of the parts, to take away, not merely that part of the finger that you wish to amputate, but also to remove the head of the metacarpal bone; for, if that be left, the metacarpus retains its natural breadth, and of course there is a greater gap between the fingers. If you take away the head of the metacarpal bone, the two fingers come nearer together, and you thereby diminish the opening that is left. In this way you carry the incision from before backwards, and then you divide in an opposite direction.—Now you will, perhaps, find it most convenient just to separate the finger first, before you remove the head of the metacarpal bone, and cut the joint at the side the same as if you were removing the finger only. You first of all take off the finger in the way I now show you, and then you get the head of the metacarpal bone exposed. You carry the knife close upon the bone on each side, so as to separate the soft parts, and you then take off the extremity of the metacarpal bone, about three-fourths of an inch or an inch from its head, by means of Mr. Liston's strong bone-nippers. You separate the metacarpal bone, and then the edges of the wound unite, and it makes a good job.

AMPUTATION OF THE WRIST.

You may amputate the joint at the wrist; in doing which you make a semi-circular incision, extending along the back of the carpus on one side; and then you make a corresponding cut on the opposite side. Or you may use a catling, transfixing the limb, and cut from the inside outwards. It may be done in either way. You carry the catling in along the back, and cut flat, in the manner I am now doing; you cut into the wrist-joint at the back, and you then carry the instrument in a corresponding direction in the front.

AMPUTATION AT THE HIP-JOINT.

The amputations of the *hip* and the *shoulder* joints are those which occur under circumstances of necessity. Those at the fingers and the wrist are amputations performed by choice in that position.—Now, with respect to the *hip*, the necessity of amputating there occurs very rarely. It appears to me that in many cases the ordinary circular amputation, carried up so far as to allow the removal of the head of the bone when thus exposed, would do as well as amputation at the hip-joint, and perhaps better. Now you may amputate the hip-joint by making flaps. You carry a long, double-edged, sharp knife (perhaps rather longer than the one I am now using) near the external side of the artery, through the back of the limb, taking it along the trochanter, so as to cut the flap on the outside somewhere about in the direction I now show you, separating the flap from the joint. If you carry the knife in on the external side of the artery, it furnishes you with an opportunity of tying the artery, which is by that means pretty much exposed, and then you can make the internal flap on the opposite side, disarticulate the limb, and remove it. I do not, however, perceive that that mode is preferable to the division of the limb high up, and then taking out the head of the bone in the surface of the stump, in the way that I have mentioned.

AMPUTATION AT THE SHOULDER-JOINT.

Amputation of the *shoulder-joint* is also an occurrence that is rare in what is called *civil* practice, although it is more frequent in military. I think it is said that Baron Larrey, who was surgeon in chief to Napoleon in most of his campaigns, has performed the operation of amputating the shoulder-joint one hundred times, though I do not believe that it has been performed at this hospital thrice in the last thirty years; and therefore we may consider that the circumstances requiring its performance do not occur very frequently.—In amputation either of the shoulder or of the hip-joint, you must trust to compression for arresting the hæmorrhage, there being no opportunity for applying a tourniquet. In the case of amputation of the hip-joint, the artery must be pressed upon where it passes under the crural arch; and in the case of amputation of the shoulder-joint, the artery must be pressed upon where it passes over the surface of the first rib. It is expedient, on this account, in both operations, to perform the separation of the member as quickly as possible; for although the artery, in either situation, may be effectually compressed, and although you can stop the passage of blood through it by pressure, you cannot so confidently depend upon the continued and effective pressure for a certain length of time, as to proceed at all safely in the operation. The movements of the patient, his exertions, and the relaxing of the finger of the person who makes the pressure, tend to render the pressure upon the artery more or less imperfect, and of course exposes the patient to a considerable loss of blood from one of the large vessels so divided.—It is expedient, particularly if you are operating in one of those situations to which I have just adverted, that you should have made up your mind accurately on all the steps you have to take, and that you should have a complete plan of the process before you begin to operate, in order that you may be prepared to go through it calmly. This is a measure that is advisable in all cases. It is well to reflect carefully before you perform an operation—to familiarize your mind with the operation, and to prepare the necessary instruments—to have them arranged in a regular systematic way, according to the steps of the operation, so that you may go through the mechanical process with facility, having previously arranged every part in your own mind. We cannot consider that the dexterity of the surgeon is in proportion to the time he consumes in the operation, yet *cæteris paribus*, we should say that that operation is best performed which is executed in the shortest time, because it abridges the sufferings of the patient, which in itself is an important object.—Amputation at the shoulder-joint is a flap operation, that is, you make a couple of flaps, which you cut from the soft parts surrounding the articulation, and it is expedient to make the flap which contains the artery, last. These flaps may be formed either by cutting from without inwards, or in an opposite direction. You make the external flap by cutting from the point of the acromion obliquely forwards to the axilla, and you make the internal flap by cutting from the same point backwards. After making the external flap, which is to be held aside by an assistant, you cut into the joint, and separate the head of the bone from the articular cavity, before you proceed to divide the soft parts that are to constitute the internal flap. Having done that, you are to grasp it in your hand so as to command the artery before you proceed to divide it.—[Mr. Lawrence then proceeded to perform the operation.]

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, July 23rd, 1840:—

Richard Pyper, Tullamore.
John Alfred Stace, Southampton.
James Taylor, Wargrave, Berks.
Smith Hobson, Northampton.
Charles Godson, Hickington.
William Clapp, Exeter.
Joseph Arthur.

SPIRIT OF THE MEDICAL PRESS.

SECTION OF THE HAMSTRING TENDONS FOR CONTRACTED KNEE-JOINT. BY DR. BURLEIGH SMART.

CASE.—A scrofulous boy nine years old. The knee of the left leg began to enlarge, on each side of the ligament of the patella, six years ago, accompanied with a slight lameness in walking.—no pain, tenderness, or redness. At this time there was a perceptible tightness of the tendons in the ham, and a disposition to flexion of the limb when in a recumbent posture. This thickening of the integuments of the joint, was followed by an apparent enlargement of the articular extremities of the bones of this joint. The enlargement, however, never became very great, sufficiently so to render it distinctly perceptible at sight. About two years since, the boy was found to be affected with an angular anterior curvature of the spinal column, at the junction of the lumbar, with the sacral vertebrae; and the knee-joint more flexed, other appearances of the joint remaining the same. At this time the general health, always good before, appeared to be affected—some loss of flesh and strength, and restless nights. By the use of moxa and caustic issues each side of the angular projection, kept open for about eight months, and the internal use of sarsaparilla, soda, and the hydriodate of potassa, the disease of the spine was apparently cured. But now there was a considerable degree of stoop, or inclination forward, given to that portion of the trunk above the pelvis. In this state Dr. Brown, of Boston, being consulted, advised the application of a mechanical apparatus, to be constantly worn, together with the use of an inclined plane; which seemed to afford important aid in rectifying the forward inclination of the trunk. But as the straightening of the spinal column progressed, an increase of the flexion of the knee was observable.—For the period of about five years, this lad, in walking, has been able to bring only the toes and ball of the foot to the ground; the heel not coming to the ground, in the ordinary step, by the distance of between two and three inches, the latter part of that period of time. The leg has been a little smaller than the other, below the knee, ever since the commencement of the distortion.—On the 15th of November, the tendons of the biceps flexor cruris on the one side of the popliteal depression, and of the semi-tendinosus and semi-membranosus on the other, were divided, about two inches above their insertion. The operation was performed with a slightly-curved and sharp-pointed bistoury, which was introduced with the flat surface parallel and close to the inner side of the tendons, with the point upwards, and penetrating sufficiently deep to hook the point of the instrument under the tendon, by gently depressing the handle and turning the blade of the bistoury on its own axis, until it revolved a quarter of a circle, and the edge was presented transversely to the tendon. Then by a gently sawing motion, depressing the handle, and at the same time elevating the point of the instrument, the parts were divided with but very trifling pain.—The punctures were accurately closed by court and adhesive plaster, and a compress and bandage were applied, with a crooked splint outside the bandage; the limb having been extended about two inches, measured at the heel, before the dressings were applied. The flexion of the leg previous to the operation was about 40 degrees.—The 8th day subsequent to the operation, no pain or troublesome inflammation having supervened, a carved wooden splint, with its cavity padded, and having a hinge joint at the knee, by which the two parts were connected, was applied and confined

with broad padded straps passing from one side of the splints to the other, fastening with buckles above and below the knee. On the posterior surface of the splints was fixed a screw, connecting the two splints; by the daily turns of which, the limb was gradually extended until it became very nearly straight, which was effected in a fortnight after the extending apparatus was applied, and three weeks after the operation.—This patient commenced walking as soon as the extending apparatus was applied. He is now able to walk with or without it, bearing his weight on the entire length of the foot; he can place the heel on the ground at every step, which he had not been able to do for about five years.—*American Journal of Medical Sciences, Feb. 1840.*

VOLTAIC ELECTRICITY IN CASES OF DROWNING.

WE copy the following interesting statement of Joseph Ferguson, Esq., M.D., surgeon of the Westmeath Infirmary, from the *Westmeath Guardian*:—"On Thursday evening, the 18th ult., I was requested to go in all haste to see a man of the name of James Rock, who had just been taken out of the canal, and was supposed to be dead. I was with him in four or five minutes, and found him apparently lifeless, cold, and livid. I had him forthwith removed to the county infirmary, about eight or nine hundred yards distant. I learned, in the meantime, from several persons who had witnessed the scene, that he was at least six or seven minutes completely under the water, and that he had been in a state of intoxication. Finding the abdomen very much distended, I immediately introduced the stomach-pump, and discharged by it upwards of a gallon of water, strongly impregnated with spirits. Seeing that this, with all the ordinary means of restoring suspended animation, had failed to produce the desired effect, and that no time was to be lost, I determined on trying a plan which I have for a long time considered a likely means of bringing about the action of the heart and lungs in those cases, by immediately acting on the diaphragm, the main agent of respiration, and accordingly was prepared with the necessary apparatus. I made an incision below the seventh rib—cut down on that important muscle—laid it bare, and applied the conductors of a galvanic battery, consisting of fifty pair of plates, to it. The effect was instantaneous, and surprised all the persons present. The muscles of the chest and abdomen became spasmodically engaged; and after a few moments, I could see this spasmodic action gradually disappear, and the regular action of the chest come on, which soon increased till breathing became quite apparent, as also the circulation; and blood now, for the first time, issued from the wound I had made in the chest. He has continued to go on well, with the exception of some inflammatory symptoms, perhaps produced by the wound, but not unlikely from the effects of the cold and wet he was exposed to; however, by the use of the lancet, and following up the antiphlogistic treatment, those symptoms are fast abating; and I have no doubt I will be able to discharge him cured from the infirmary very shortly. This case must fully establish the utility of voltaic electricity in restoring suspended animation from immersion in water, by acting indirectly on the phrenic nerve and eighth pair, and thus exciting the action of the heart. It will go to prove, in my opinion, that it is not necessary to transmit along the channel of the nerves this most wonderful agent as a substitute for nervous influence.—As immersion in cold water must hasten the extinction of life, arising from

suffocation, by depriving the body of vital heat, the effect of this extraordinary power is the more remarkable, and shows the necessity of artificial heat being applied to the body as effectively and expeditiously as possible. The stomach-pump, I consider, was of much use, as by relieving the great distension of the stomach, the lungs were better able to fulfil their function, upon the galvanic influence being applied.—"In cutting down and exposing the diaphragm much caution is necessary, so as not to wound it, however slightly, the consequences of which might be very bad."

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe,
By S. L. Kent, F.G.S., &c, &c.
Lat. 51° 37' 44" North, Long. 34° 45" West.)

JULY	THERMOMETER.		BAROMETER.		RAIN.		WIND.	WEATHER.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dels.		
19	67	49	29.616	29.460	,16		W.	Cloudy—rain night.
20	67	49	29.480	29.450	,14		W.	Cloudy—3 p.m. rain.
21	78	45	29.608	29.574			W.	Cloudy.
22	70	49	29.820	29.700			N.W.	Fair.
23	66	50	30.000	29.922			W.	Cloudy.
24	67	54	29.960	29.876	,15		W.	Cloudy with showers.
25	70	49	29.716	29.660	,57		Various.	Fair a.m.—rain night.
Mean	69	49	29.743	29.709		1.02		

W. JACKSON.

A meeting of the Governors of the Exeter Dispensary took place on the 18th, for the purpose of electing a Surgeon in the room of the late J. Stabback, Esq., deceased.—Dr. Barnes moved that Mr. Arthur Kempe be elected surgeon to the Exeter Dispensary. This was seconded by J. Ware, Esq., who, in a brief speech, stated that he could speak of Mr. Kempe's kindness and urbanity in his intercourse with those to whom his professional assistance was requisite.—Mr. Drake said he should take the liberty of naming another gentleman to the meeting to fill the office, whom he thought had very strong claims. His father had been a long resident in the city, in fact, was an old inhabitant, having well and faithfully discharged all the duties of public and private life; and Mr. F. S. Froom, whom he should propose, had been long in practice as a medical man in the city. Mr. D. then went through a variety of testimonials in Mr. Froom's favour, and concluded by moving that Mr. F. S. Froom be elected surgeon. Mr. Daw seconded Mr. Drake, and a poll was commenced, which was thus determined—For Mr. Kempe, 73; for Mr. Froom, 46; majority, 27.—Mr. Kempe is, we hear, a relation of Lady Rolle.

HOSPITAL DELINQUENCIES.

THE following case, quoted verbatim from the daily papers, speaks volumes against the present system of Hospital management—a system by which all the offices, from dresser to chief physician, are filled by money and interest—talent and industry being useless as claims to advancement.

A very lengthened inquiry took place on Monday before Mr. Payne, at Guy's Hospital, respecting the death of Thomas Morgan, aged 18, the nephew of Mr. Mott, the Assistant Poor-Law Commissioner, who, it is reported, had died from improper treatment at this hospital.—Joseph Elwall, of Albany-row, the uncle of the deceased, said he was brought there on Wednesday week, labouring under palpitation of the heart. Witness saw him on Thursday, when he complained of being very ill, as he had been bled, and then an operation had been performed. On the Monday following he said he knew they had done something wrong, as one of the surgeons had been reprimanded. He died on last Thursday. Witness thought all along that one of the arteries had been punctured instead of a vein.—Dr. Babington, physician to the hospital, stated that he saw the deceased immediately after his admission; he was labouring under disease of the heart. Witness ordered him medicines, and directed that six ounces of blood should be taken from the arm. On Thursday, the 10th, witness saw him again, and then understood the dresser who had bled him had opened an artery instead of a vein, by mistake. He was told the deceased had probably lost two ounces more blood than was ordered. This would probably produce fever. Everything that was possible was done for the deceased. He was present at the *post mortem* examination. The heart was twice the usual size, and adhering to the pericardium. He had no doubt the disease of the heart was the cause of death.—Mr. Cock, assistant-surgeon, said he was sent for, and told that Mr. Veasy, the dresser, had punctured an artery. He found the bleeding had been stopped by the application of a tourniquet, and witness immediately took up the artery. Mr. Veasy has been there three years. From the *post mortem* examination of the body, he had no doubt disease of the heart was the cause of death.—After some further evidence, the Coroner summed up, and said he had had before occasion to notice the want of proper resident medical officers in this and St. Thomas's Hospitals. It was not so at St. Bartholomew's, where there were three resident surgeons. This was a subject which must be left to the governors, but it was one which he hoped would obtain their attention. The Coroner then went over the evidence, and remarked that it did not appear that death arose from any other cause than disease of the heart.—The jury returned a verdict to that effect, but recommended that more care should be adopted for the future.—It is only right to say that Mr. Veasy is a member of the College of Surgeons. The room was excessively crowded during the inquiry.

NOTICE TO STUDENTS.—The Apothecaries Hall Examiners have given notice that the Registration Books will be open on Monday, the 3rd of August, and will remain open until Friday, the 7th, from twelve to two, for the Registration of Attendance upon the different Classes during the last Summer Session. Students are requested to bring their Schedules, signed by the teachers of their respective Classes.—On Monday, the 3rd of August, those whose names begin with the letter A, down to F inclusive, will be admitted.—On Tuesday, the 4th, from G to L, inclusive.—On Wednesday, the 5th, from M to R, inclusive.—On Thursday, the 6th, from S to Z, inclusive.—On Friday, the 7th, the Books will remain open for the accommodation of those Gentlemen who have been prevented, by indisposition, from attending on the days appropriated to their respective initials.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Practical Work on Diseases of the Eye, and their Treatment, Medically, Topically, and by Operation.—By F. Tyrrell, Esq., Surgeon to St. Thomas's Hospital, &c., &c. In two Volumes. Churchill.

The Physiology of Digestion Considered in Relation to Dietetics. By A. Combe, M.D., &c., &c. 2nd Edit. MacLachlan and Stewart.

A Treatise on Diseases of the Eye and its Appendages. By R. Middlemore, Surgeon to the Birmingham Eye Infirmary. In two Vols. Longman.

The Retrospect of Practical Medicine and Surgery for the Year 1840. Being an Analysis of Journals, &c., made chiefly in Reference to the Treatment of Disease. By W. Braithwaite, M.R.C.S. Pp. 200.

Essay on the Classification of the Insane. By M. Allen, M.D., &c., &c. 8vo. Pp. 212. Taylor.

IS IT POSSIBLE?—We have received the following:—*To the Editor of the Medical Times, Sir, I hear (for I never read that Journal) that in a recent number of the 'Lancet,' Mr. Liston has published the sum total of his operations for Strabismus, amounting, I believe, to about sixty. The following fact will give your readers some idea of the wholesale manner in which he is performing this interesting little operation, and in some degree prove the justice of suspicions I have for some time entertained—viz., that he frequently operates where there is in fact no squint at all. On Monday last, after the patient's orbits had been duly explored by his own enormous digits, and by those of his factotum, both being unable to detect the contraction, he actually sent to the patient's relative, who was in an adjoining room, to ask "which eye it was?" The operation was then performed, and the squint of course cured.* Yours, &c., &c., R. G. C., an Eye Witness.

A MEDICAL STUDENT says, "Having come to London for the purpose of 'walking the hospitals,' as it is called, I naturally enough wished, before entering, to ascertain, as far as possible, the manner in which the different hospitals are conducted, as far as regards the pupils, and being prejudiced in favour of Mr. Guthrie, one of the surgeons at Westminster, I thought of entering there, but have been deterred by the accounts I hear of the treatment the physician's pupils meet with at that Institution. I am told that there is more trouble in getting your schedule for Apothecaries' Hall signed at that hospital, than in any other in London—that two of the physicians suffer themselves to be led by the nasal organ by the third one, Dr. Roe, I believe, and that nothing is done without his consent. It is also rumoured, that he is a dissenter, and pleads conscience, &c., for refusing to sign. That they insist on the schedule being sent a week previous to the time the signature is required, in order that a mock consultation may be held, as to whether it should be signed or not; in other words, whether the pupil requiring it is a favourite with the above doctor, or not. If he is not, no matter how regularly he may have attended, report sayeth, he is kept in suspense for some weeks generally, and at the end of the time, after endless trouble, is often refused. It is also expected that he will shortly order attendance on the Sunday, six days' attendance in the week not being sufficient to entitle a man to a signature to his schedule."

A SUBSCRIBER had better consult a surgeon personally. His letter is not sufficiently explicit to afford a clue to the nature of the case.

CONSTANT READER had better apply for a ticket to the Library of the College of Surgeons. There is no such library as he speaks of—unless those attached to Medical Schools and Hospitals may be so designated.

NEXT WEEK—T. M. S.—Middlesex Hospital—A Subscriber—G. H.—W. W.

DELTA.—Circumstances will delay the visit for a month. Anxious for Copy.

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THE MEDICAL TIMES.

LAST EXHIBITION OF WAKLEY-WARBURTONIAN JUGGLERY.

MR. WAKLEY, in the last No. of his *Lancet*, with all the gravity in the world informs his readers, that on Tuesday last, the House, according to the notice given by Mr. Warburton, was to resolve itself into a committee, to take into consideration the laws relating to the medical profession; but when four o'clock came there were only 36 members present, and Mr. Speaker, (Oh! fortunate hour! Oh! most fortunate occurrence!) "proclaimed there was no House, consequently the motion could not be brought forward." But observe the straightforward man's comment. "Mr. Warburton, however, has stated in *private*, that it is his intention to ask for leave to bring in a bill almost immediately, whether he has an opportunity of making a speech upon the subject or not." Almost immediately! What, pray, does this expression signify? Does it imply that any private tutorage exists on the part of Mr. Warburton towards Mr. Wakley? Does almost immediately mean this Session, or next Session, or six Sessions hence; after six years' delay, during which time the dearest interests of the meritorious part of the profession have been set at naught, and human life most wantonly and in the most wholesale way sacrificed?

But, observe how the five-year-old M.P. Wakley acts the part of an extenuator in favour of his friend, Mr. Warburton, after six years criminal neglect on the part of the latter, and five years on his own, in Parliament with regard to Medical Reform! "Probably after all this will be the wisest course to adopt, as an ample opportunity will thus be afforded to examine the provisions of the measure, before any party is committed with reference to its principles or details in a premature, and, may be, hasty dis-

cussion!"—Hasty and premature discussion after six years delay, trickstership, and juggling on the part of the Siamese twins—Wakley and Warburton! This was the communication of Wakley, and before the week was out, the House of Commons was the scene of another display of humbug.—For the edification and amusement of our readers, we report the curious dialogue—the got up farce between these two worthies, as reported in the debates of the House of Commons on the Wednesday of last week, July 22.

"MR. WAKLEY rose and said, that as he saw his honourable friend, the Member for Bridport, in his place, he was desirous of inquiring, as that Honourable Member had been prevented, on a previous evening, from submitting his motion to the House relative to the law which affect the medical profession, whether he had any objection to explain the course which he had intended to pursue with regard to that subject?"

"MR. WARBURTON said, in reply, that as he feared he should have no chance of passing any Bill in the present Session of Parliament, and as there was but little prospect of going into a discussion on the subject, it was his intention, on the 28th instant, to introduce a Bill, and get it printed, in order that, having been considered during the recess, it might be brought forward at an early period in the next Session."

Professional brethren beware! A six years' experience entitles us, we think, to give our verdict that Mr. Warburton, who has so long betrayed the interests of the profession and the public, is not to be trusted in the drawing up of the Bill and carrying it through the House of Commons. IT WILL BE A MOCK MEDICAL REFORM. If it is of the same character as his London University Charter, so pregnant with Crown and ministerial patronage, to the detriment and discouragement of sheer merit and industry, we had ten thousand times better be without it, and the vast portion of the medical profession will find themselves in a worse position than before.—The *Hon. Member* for Bridport always was, and always will be, a complete jobber. But the consummate impudence of the consecutive part of Wakley's Leader is beyond a parallel:—

"It has been our painful duty to call attention, upon more than one occasion, to the extravagance and short-comings of the Council of the Provincial Medical Association." * * * We have denounced, in unsparing terms, the treacherous desertion, the truckling to the powers that be, the cowardly quailing before existing prejudices."

Does Mr. Wakley mean to assert that 'the short-comings,' the 'truckling to the powers that be,' exists on the part of the members of the profession who have sent up about one hundred and fifty petitions this Session, with 5000 signatures, the presentation of which (we use his own words,) "has not been accompanied by any objection to the prayers in any one instance," on the part of members of all political parties to whose care they have been confided, or are the short-comings—is the trickstership—the *secret* truckling to the powers that be, attributable to the M.P.? But the last act of the farce was reserved, according to promise, for the 28th instant, when—according to cus-

tom—THE HOUSE WAS AGAIN COUNTED OUT!

This last display will go far to convince the most sceptical. The proceedings at Southampton, (more full particulars of which we reserve for our next,) gives a hint of what the profession think, and we are induced to hope that another Session will find us in a far different position to that we now occupy.

ANNIVERSARY MEETING OF THE PROVINCIAL MEDICAL ASSOCIATION AT SOUTHAMPTON.

THE eighth meeting of this Association was held at Southampton, on Wednesday the 22nd, and Thursday the 23rd. Inst.—Dr. Jeffreys, of Liverpool, resigned the chair on Wednesday at half-past 2 o'clock to Dr. Steed, who then addressed the meeting. Dr. Steed with much good taste wisely abstained from those fulsome laudatory harangues customary on such occasions, and after a few preliminary remarks, as to the present condition of the Association, proceeded to give an historical and topographical account of Southampton and the environs, which seemed to afford much interest to the members.—At eight o'clock p.m., Mr. Dodd, of Chichester, read an elaborate report on the progress of Surgery, which elicited universal approbation. It is to be published in the next volume of the transactions. At nine o'clock on Thursday the members breakfasted together in the Archery Rooms; after which there was a retrospective address read by Dr. Scott, of Liverpool.—At twelve o'clock the members met again, and a sort of desultory conversation took place, during which some of the speakers seemed particularly anxious that a vote of censure should be passed on Mr. Warburton, M.P., for the system of thimble-rigging which he has carried on in all his movements relating to Medical Reform, and for his broken faith and systematic jugglery during the whole of this session. Some were for wresting the important business with which he had been intrusted forthwith from his hands, and boldly denouncing him as a traitor to the cause he had undertaken; and one individual did not hesitate to say, that Mr. Warburton undertook the management of Medical Reform in the House of Commons, for the sole purpose of hoodwinking and deceiving the profession, and betraying the cause, but above all to prevent them getting any other member of the House from undertaking the task, who would be likely to deal more honestly with them. The manner in which he succeeded in silencing and decoying Mr. French, was adduced in proof of the foregoing allegations. The most remarkable event that took place at the meeting was the passing a vote of thanks to Mr. Wakley for his exertions, in the engrafting of certain clauses in the Vaccination Bill, lately passed!!—At six o'clock same day about 150 of the members and their friends dined together, each paying one guinea for his ticket. After the cloth was removed we had some important speeches from Drs. Forbes, Macartney, Hastings, Barton, Maunsell, Costello, Jeffreys, Steed, Sir James Murray, and Mr. Carmichael, all of whom were loud in their lamentations as to the present deplorable state of the profession, and the low rank it holds in public estimation.—We have been in many towns, both in this country and abroad, but of all the *inhospitable* places we ever set our foot in, Southampton we must say bears the bell. The strangers who were invited to the meeting, were never once asked if they had such a thing as a stomach by the natives, but but were coolly left to live and enjoy them-

selves, for aught they cared, on the *larning* given forth in the "Audit House," and the savoury smells of rotten fish and fowls, with which the entrance to that classic senate-house was crowded. A story worthy of being recorded, as being characteristic of Southampton hospitality, went the round of the stranger members of the Association:—An American Quaker, not sixty years since, brought a letter of introduction to a Southampton "*friend*," named Bewley, who did not prove himself to be a "friend in need," to his visitor; the latter not quite relishing the cool neglect of the *native*, happened to meet him in the street several days after his arrival, and said, "Friend Bewley, thou hast shown me *no hospitality since I came to thy town*; neither hast thou asked me to break thy bread, nor to partake of thy salt!"—A word to the wise was sufficient. As a warning to the other towns when the Association may meet, we hold up for their inspection Southampton.

A HERMAPHRODITE?

MORE CORRECTLY A CASE OF MALFORMATION.

A CURIOUS case is now in Charing-Cross Hospital. The patient is six feet high, has been living as a woman, is dressed in female apparel, has the hair long; and is called *Elizabeth*. The following anatomical description has been furnished by a friend, from which it will appear that the individual is clearly *masculine*. It might be asked is not a *Taliacotian* operation called for in this case, by which the surface of the bladder might be covered with integument, leaving openings for the mouths of the ureters, to which an apparatus for receiving the urine might be adapted?

CASE.

— Battle, aged 22, a native of Suffolk. This patient is afflicted with the following congenital malformation: the lower part of the abdominal parietes, anteriorly, is deficient, likewise the anterior wall of the bladder, the posterior being protruded more or less according to position. The bony portion of the pubes is wanting; the scrotum is very large, containing testicles of the ordinary size; there is a large quantity of hair scattered over this region: on the right side there exists an oblique inguinal hernia. The penis is about an inch and a quarter in length, apparently consisting only of corpora cavernosa, cleft on its upper surface nearly the whole length, and the glans is always denuded, the prepuce being somewhat small. The anal orifice is rather more in advance than usual, leaving but a short perinaeum; no prostate gland could be discovered. The umbilicus is situated somewhat low down, and just at the point where the abdominal wall is united to the bladder above, the line of junction between the two presenting the appearance of a blueish cicatrix. The vesical mucous membrane is of a very florid scarlet colour, and at one part seems to have become covered by cuticle. The orifices of the ureters are near the groins, and appear on the summit of folds of very vascular mucous membrane. The urine, which has a peculiar odour, is constantly dribbling away. The man is conscious of venereal sensation occasionally, with partial turgescence of the penis. The walk is very awkward, on account of the bony deficiency anteriorly.

Petitions from Wexford and Drogheda were presented to the House of Commons by Mr. French and Sir W. Somerville, in favour of Medical Reform. Mr. Warburton also presented a petition from Warwick, praying for Medical Reform.

SPASMODIC ASTHMA.

To the Editor of the 'Medical Times.'

DEAR SIR,—Being a subscriber, I beg to trouble you with two papers on Spasmodic Asthma, should you deem them worthy insertion.—Your very obedient,

JOHN LENEY.

Bray, Co. Wicklow, July 21, 1840.

As asthmatic patients are not usually admitted into hospitals, nor cases of this disease often submitted to the profession in the medical journals, it has often occurred to me how awkwardly placed is the young practitioner, when first called on to see a patient labouring under a disease so alarming in its symptoms. So much anxiety evinced by the relatives eagerly looking to him in hopes he can afford immediate relief; the general treatment, as it is laid down in works, does not supply him with any but means, the effects of which are distant. Having had a number of cases of this disease lately under my care, may I beg to submit for insertion a few of those remedies I have found most effective, in particular stages of the disease.—If the patient be seen immediately on the accession of a paroxysm it may be warded off, or at least rendered much milder by the exhibition of a stimulant emetic; that which answers best is mustard; after its operation, use the pediluvium, and give a dose of hippo. camphor and hyoscyamus; thus you obviate congestion taking place, and reproduce heat, increased circulation, and diaphoresis on the surface; in fact, counteract the spasm of the bronchi and morbid impression about being established. After ten hours, a mild aperient will be of service; aloes, myrrh, and assafoetida, in pills. If the evacuations be unhealthy, the following mixture may be given after the pill:—

R. Potasse Sulphatis, ʒij.
Infus. Quassiae, ʒviij.
Tinc. Capsici, gtt. xx.
Acidi Nitro Hydro. Chlorici, gtt. xii.
M. sut. ʒi., 3 tia hora.

But should dyspnoea persist, encourage expectoration, and check the tendency to spasm.

R. Pulv. Ipecac., gr. x.
— Capsici, gr. v.
Assafoetida, gr. xx.
Ext. Hyoscyami q.s. M. ft. Pil. x; sut. i;
2da vel 3 tia hora.

Also the following liniment may be rubbed to the chest, and between the shoulders:—

R. Liniment Camphoræ Comp., ʒjss.
Tinct. Opii, ʒss.
M. ft. Liniment.

If dyspnoea become extremely urgent, apply a mustard cataplasm, spread on flannel, or spirit of turpentine on heated flannel, on and to either side of the dorsal vetebræ. When the irritation is complete, remove it, and apply to the same part a heated flannel, sprinkled with half an ounce of laudanum; thus you check the paroxysm, and often secure sleep, without any of the unpleasant effects consequent on the internal use of opium.—If, from frequent and protracted paroxysms, debility be present, pulse feeble and intermitting, little or no expectoration, coldness of the surface, great sense of suffocation, sensation of coldness and weight at the pit of the stomach, pain and tightness in the region of the diaphragm, with hiccup, the turpentine stupe, or mustard cataplasm around the waist, hippo, mustard, and vinegar, internally.

R. Pulv. Ipecac., gr. i.
— Sem. Sinapis, gr. x.
Aceti. Distil.
Mist. Camphoræ aa., ʒss.
M. ft. haustus.

This combination I have been using for the last two years, with undeviating success. I was some time ago called to one of those extreme cases, the patient having laboured under the above symptoms for three days, in which it had the happiest effects; immediate expectoration, warmth of skin, diaphoresis, restoration of pulse, perfect relief of breathing, and calm sleep followed. A draught of this kind was given every third hour, for thirty hours; the only uneasiness produced by them was tingling heat of the mouth, œsophagus, and stomach, which went off in a few hours. My friend, Dr. Mitchell, mentioned to me his having been to see a gentleman labouring under the above symptoms, to whom he had administered an enema containing a drachm of æther, which gave immediate relief.—In protracted cases of this disease where emptiness, sense of sinking, general malaise, great debility is felt, with copious expectoration, no remedies suit better than the following:—

- R. Ammonia Sesqui Carbonat., ʒj.
Mist. Cassici, ʒss.
Syrup. Tolu, ʒss.
Decoct. Senegæ.
Mistura Camphoræ, aa. ʒiijss.
M. sut. ʒj., 2da hora.
R. Sulphatis Zinci, gr. sex.
Resinæ Terebinthinæ,* ʒj.
M. ft. Pil. vj, sumat j, 4tis horis.

If the paroxysm assume a strongly marked periodic character, sulphate of quinine, and change of air, at once restores the patient.—Lately, in a case of some months' standing, the prominent symptoms being those of dyspepsy and hectic fever, the following mixture succeeded at once in arresting the disease:

- R. Infus. Quassæ, ʒxii.
Tinct. Scillæ, ʒj.
Acid Nitro Hydrochlorici, ʒss.
M. ft. ʒj, quater in die.

I have evidence, that in those accustomed to the smoking of tobacco, the paroxysm ceases on the coming on of nausea from its use.

There are two affections of the head complained of in this disease, one resides in the integuments of the head, with fulness and increased pulsation of one or both temporal arteries, sometimes of the occipital, accompanied with pain and weight in that part of the head underneath the pulsating vessel, and seems to be symptomatic of gastric disorder; a mustard cataplasm on the stomach has in many instances removed it, as also bathing the feet and legs in warm water, at the same time dropping æther on the pulsating vessel, which contracts by the cold produced by its evaporation. The other, coma or stupor would appear in some cases to arise from impeded return of blood from the head, in others from want of due oxygenation of the blood; the application of cold to the head and exposure to a free current of air, appear the only probable means of relief.—Cramp of the diaphragm during or after a paroxysm is not uncommon; here the turpentine stops, and on its removal the application of laudanum affords the speediest relief.—If thirst prevail, canphor julep, lemonade, raspberry vinegar, and water or coffee. It will be desirable to get the patient to take some nourishment as early as possible; broiled mutton, and a glass of good ale or brandy and water.—During convalescence sulphate of quinine, or the infusion of bark, with sulphuric acid, is essential; the infusion of quassia, with nitro-hydrochloric acid and tincture of capsicum, agrees extremely well.

SOME HINTS ON THE OPERATIVE SURGERY OF TUMOURS.

BY ALEXANDER STEVENS, M.D., SURGEON TO THE NEW YORK HOSPITAL.

THE following practical remarks are of that simple but useful character which is always agreeable to the Profession. They are plain hints given by an experienced man, the everyday knowledge applicable to every-day things, and, perhaps, more serviceable than very flashy information.—We agree with Dr. Stevens, that, after all, the most important facts to be learnt in respect to tumours, is how to remove them best by the knife. The more that is published on their external differential forms and features, and indeed on their intimate structure, the more rather than the less obscurity is thrown around them; and the multiplication of species and varieties has really seemed to be a multiplication of difficulties. It is to the operations on tumours, therefore, that Dr. Stevens turns, and we direct for a few minutes our reader's attention. We shall extract such hints as appear to claim our notice:—

Extirpation of Encysted Tumours of the Scalp or Eyelids.—"The most common mode of extirpating these tumours is by dissecting them out; but this is not always easily done, especially if the tumour be very small. I have known half an hour occupied in removing a tumour, not larger than a pea, from the upper eyelid. Sir Astley Cooper advises that they should be cut into, and then torn out. If the first of these operations is attempted, the surgeon should be quite sure that he does not begin to dissect around the tumour until he has laid it quite bare. But I prefer the other method, and this is the way of proceeding that I would recommend:—At the first incision, I would cut freely into the sac of the tumour, seize the sac with the forceps, and pull it away either at once, or in different portions. If the sac resists, it will be because you have seized with the forceps one or more of the layers of cellular tissue which are always found surrounding the sac, and which are occasionally dense and strong. The connexion of the sac with these layers is loose, but they adhere closely to each other. A few months since I removed, in two or three minutes, six of these tumours from the head of a young gentleman of this city. The rule, therefore, is this:—*Cut into the sac and turn it out*; but do not attempt to tear away anything else with the sac.—If it should happen that any portion of the sac has formed strong adhesions to the surrounding parts, an occurrence which is extremely rare, it is proper that you should understand that a perfect cure may be obtained by destroying the internal membrane (which is seldom thicker than parchment,) with a slight application of the kali purum, or of the nitrate of silver."

Extirpation of Solid Tumours.—Dr. Stevens remarks, that, in the removal of these, unless they be malignant, and the abstraction of much of the circumjacent parts is necessary, there is one rule which should be written in letters of gold. "Did I say one rule? Let me rather say two rules, the first of which is this:—*Cut down to the tumour.* This may seem to be a simple matter, so simple that the necessity of it must occur to every one. Be this, however, as it may, I do not aver that in some hundreds of tumours which I have seen operated upon, and often by very skilful surgeons, the tumour has seldom been fairly exposed and laid bare before its dissection has been commenced.—Vessels have been unnecessarily divided, and the whole operation has been protracted by the loss of blood, and the necessary application of ligatures to the arteries. How this happens I

will now attempt to explain.—Let us take for illustration the very common case of an enlarged lymphatic gland, in the neck. In its normal condition, this gland is supplied by one principal nutritive artery, and it is surrounded by an indefinite number of layers of cellular tissue. The layer next the gland embraces it like a shut sac; the exterior layers in contact with this, diverge and surround the adjacent parts. When the gland becomes enlarged from hypertrophy, or by becoming the seat of malignant deposits, the innermost layer of cellular tissue forms a sac, and its connexion with the gland is usually loose, so that it may be readily stretched, or torn with the finger or the handle of the scalpel. The outer layers are also, in general, loose, and capable of being torn in the same way; but the manner in which they are applied to the gland, or rather to its sac, is worthy of particular attention, as affording a clue to the difficulties which are often encountered in these operations. The external layers of cellular tissue which cover the gland become, in the progress of its enlargement, stretched upon the exterior surface of the sac, being sometimes adherent to it, and to one another; from this point they diverge, passing to the anterior surface of some muscle, nerve, or blood-vessel, or to the posterior surface of some of these or of other organs. The tumour itself, in the meanwhile, receives no new vessel, other than that which originally supplied it, even though it may have grown so as to completely surround the carotid artery, the internal jugular vein, and their branches. Even in this case, the proper sac will be found interposed between these parts and the tumour. These vessels are, in other words, pressed into the side of the tumour, which, with its sac, becomes folded around them;—thus, strictly speaking, they form no part of the tumour, being exterior to the sac.—Keeping in mind the close application of several layers of cellular tissue, over the most superficial portion of the tumour, (the first and greatest enlargement of the tumour being in this direction, because it is there least opposed in its progress by the pressure of the surrounding parts,) and the separation of these layers on the lateral and deep-seated portions of the tumour, it is easy to understand:—1st. That important blood-vessels, nerves, and other organs may be brought into close proximity to the morbid growth without absolutely touching it.—2nd. That if the surgeon, in cutting down upon the tumour, does not divide each and every layer investing the tumour before he begins to dissect around it, he cuts outside the sac, gets into some of the folds of cellular tissue, and encounters parts which ought not to be meddled with. He finds his knowledge of normal anatomy of little service to him; he gets away from the tumour, and makes a tedious and bloody operation in a case, where a different method of proceeding would have made everything plain and easy.—Finally, when the tumour is removed and examined, folds of cellular tissue, perhaps portions of muscle, or of other parts, are found to have been removed with it, which can be torn off, and that very readily, from its external surface. Had the surgeon, in the first instance, cut down to the tumour after dividing every layer investing it, no more difficulty would have been experienced in tearing these layers from the tumour before it was removed than afterwards.—Sometimes, so transparent are the layers of cellular tissue, that it is very difficult to tell when the tumour is exposed. It is better for a young surgeon, and even for an old one, if he has any doubt in the matter, to cut a little into the tumour, in order to be sure that he has fairly cut down to it. Having reached the tumour, Dr. S. continues, if the cellular tissue can be torn by the fingers or by the

* Resin of Turpentine, i. e. liquify one ounce of White Resin in an earthen vessel, add to it half an ounce of Spirit of Turpentine, stir till it becomes cold.

handle of the knife, tear it; in cases where it cannot be so torn, cut in this manner: put the tumour upon the stretch, and cut lightly upon it near its points of attachment. Thus you avoid the possibility of any large blood-vessel or nerve being brought under the edge of your knife without being seen. If the tumour is very large, or is deeply seated, it will sometimes be advisable, after having separated the attachments of the exterior portion of it as deeply as possible, to remove this portion. The removal of the remaining portion is thus much facilitated.—“In this manner, I safely removed a large tumour situated beneath the mastoid muscle, and which embraced the ninth pair of nerves in one part, and the common carotid artery, the internal jugular vein, the par vagum and œsophagus in another part; after very little cutting the sac was separated from these parts. I have never taken up the carotid artery for the removal of a tumour in the neck or face, nor do I believe it is ever necessary. If the principles already laid down are carefully observed, there will be no danger of hæmorrhage, nor yet of sloughing, from the nerves and blood-vessels being extensively laid bare;—laid bare, indeed, they are, but their sheath still covers them, and is sufficient for their nourishment. I have, on several occasions, left them plainly exposed, from the sternum to a point above the bifurcation of the carotid artery, and have never known secondary hæmorrhage to follow.”—“In some cases of malignant tumours, not only the superficial, but other portions of the sac will be found closely adhering to the adjacent parts. If the tumour is in the vicinity of important parts, as in the axilla or neck, the plan I would recommend is this:—cut down until the knife fairly enters the diseased parts, then, by the sight and touch, decide where the tissues, adjacent to the disease, are entirely healthy; make a slight incision into them on the distal side of the tumour; continue to separate them with the handle of the scalpel and the finger. If you are among healthy parts, as you proceed the cellular and other tissues will yield to a very moderate degree of force; the separation of the veins, arteries, and, lastly, the nerves, will require more force, increasing in the two last named. These parts will be felt like strings holding the tumour, and are not easily separated. Be careful not to use much force in the separation of a large artery, and still more in the separation of a large vein. It is a great mistake to suppose that arteries when torn never bleed: I have often seen them bleed, *per saltum*, after having been torn by the finger. Still, they do not bleed so freely as when cut, and moreover, their orifices are usually easy to be found, and as easily secured. They also stop bleeding much sooner, if an attempt is made to check the hæmorrhage by pressure. A nerve no larger than a silk thread is half as strong, yet I have broken them when nearly as large as a small crow-quill. My practice is to bring the resisting cord, be it vein, artery, or nerve, into view upon the palmar side of the fore-finger of my left hand, and then to seize it with the forceps, and divide it half an inch on the distal side of that instrument. If it is an artery, its patulous mouth will be seen, and a ligature may be applied before the forceps is removed. Thus you will conform to the *second rule*, that is, to remove the whole tumour and nothing more.”

Dangers of Operations.—Dr. Stevens enumerates as the dangers to be immediately apprehended and guarded against—hæmorrhage—the introduction of air into the veins—and exhaustion.

Hæmorrhage.—On venous hæmorrhage we need say nothing.—“Arterial hæmorrhage may

be diminished by tearing the vessels from the tumour. I have seen some surgeons tear the tumour itself out: this cannot always be done except to a limited extent, because a large number of parts are thus put upon the stretch at once. The better way is to hold the tumour, and tear off its investments, one portion at a time, with the fingers or with a strong pair of forceps; this method is also less painful than the former. Sometimes a vessel will retreat behind the ramus of the lower jaw, or into the axilla, and give rise to a troublesome bleeding. As these are usually the last attachments to be divided, it may be prudent to tie them before this division is made. I would also advise you always to divide and to secure the trunks of arteries, before dissecting among their branches. If you neglect this rule, you may cut and tie the same vessel half-a-dozen times, as I have often seen done. This is the reason some surgeons are constantly encountering tumours of extraordinary vascularity; this vascularity being, in fact, simply owing to their wandering away from the sac of the tumour, and dividing the vessels at each successive cut nearer and nearer to the heart.” An important means of diminishing hæmorrhage, in the removal of large tumours, is to subject them, for some hours previous to the operation, to the influence of cold applications.

Introduction of Air into the Veins.—“I have met with this occurrence only once in my practice, and that was in this hospital about ten years since. I was in the act of removing the last of several of the deeper chain of lymphatic glands of the neck, which had become enlarged so as to interfere with the functions of deglutition and respiration, and was cautiously using the knife about half an inch on the outer side of the internal jugular vein. After a slight escape of venous blood, I heard a noise like that produced by drawing up with a syringe the last drop of water in a vessel. I immediately placed my finger over the spot from which the blood had issued, not being able to discover any orifice; and looking the patient in the face, asked him how he felt, he answered, ‘very well.’ Marks of consternation were visible around me, and many suggestions were made which I did not heed, but calling for an eyed probe, I directed a ligature to be passed through it, I applied to the internal jugular vein two ligatures,—one above, the other below, the wound, directing them to be successively tightened. I then removed my finger, and proceeded with the operation. No bad consequences followed the application of the ligatures. The wounded vein appeared to be a branch of the internal jugular, but I did not think it safe to pass a ligature directly round the divided vessel, not liking to run the hazard of removing the pressure of my finger.”—Dr. Stevens objects naturally to operating on a female about her menstrual period. He recommends the operator to have the instruments he wants within his own reach. He likes, in great operations, to have the assistance of a judicious medical practitioner, a personal friend, if possible, of the patient, to console, to watch, to support him. “An adult, with ordinary powers of endurance, will generally sustain an operation of the average severity, during protracted suffering of one hour’s duration,—rarely much more than this. A clammy skin, with coldness of the extremities, and a soft, thready pulse, indicate alarming exhaustion of the vital powers. But an experienced surgeon will judge most accurately from the expression of the countenance, from the eye and mouth especially;—the former partially loses its lustre, the latter becomes relaxed, until, finally, the eyes are turned upward, and the jaw falls, indicating an almost hopeless condition. The

voice, also, is an index of the degree to which the vital powers are sunk; its tones become more and more feeble, until, at length, the patient can only speak in a low whisper, like one in the collapsed stage of cholera, and finally ceases to articulate at all. On the first approach of this state of things, I would advise you to give your patient a few minutes’ respite. I give you the above indications, as being the only ones that occur to me as capable of being conveyed by language; your own observation will hereafter enable you to determine their real value. It is also important for you to know that a patient will endure a long operation much better by being allowed two or three short intervals in which to rally during the progress of an operation, it being more easy to prevent him from sinking, than to raise him from extreme prostration.”—Finally, Dr. Stevens counsels the surgeon never to undertake an operation against his own judgment, nor, if possible, assist at one.—*New York Journal of Medicine*, Jan. 1840.

FOREIGN HOSPITALS.

MILAN HOSPITAL.—M. CANTONI.

Supposed spina-ventosa of the Lower Jaw—Amputation—Reproduction of the Bone—Doubts as to the propriety of the Operation.—The *Gazette des Hopitaux*, which reports this case, remarks that Bordenave (Mem. de l’Acad. de Chir.), and Dupuytren (Leçons Orales), cured this disease without amputation.—The tumour was hard, and of a red colour, extending from the left maxillary angle to the canine tooth of the opposite side, two inches in length, and one in breadth. The upper part was grooved by the depression of the teeth of the upper jaw. The lower molares were vacillating and displaced. The soft parts were healthy, but ulcerated beneath the maxillary angle, and gave issue to pus from within. The diseased bone was amputated in the usual way, and, in course of time, the vacant space was filled up with a ligamentous substance, which gradually became cartilaginous, and even as hard as the bone itself. The dissection of the morbid portion brought to light vegetations of the internal periosteum, within the alveolar processes. The inner surface of the lower jaw was enormously separated from the body of the bone, and constituted a great part of the tumour, which filled two-thirds of the mouth. The mucous membrane was callous. Osseous septa divided the tumour in several chambers, which were very vascular.—Dupuytren, says the *Gazette des Hopitaux*, attacked these tumours within the mouth by breaking down or perforating the osseous cyst, and by detergent applications within. A young woman, supposed to be affected with osteo-sarcoma, was sent to that surgeon, but the absence of lancinating pains or varicose state of the parts, joined to a feeling of crepitation, induced him to treat it as a case of osseous cyst, by cutting into it. This gave issue to a great quantity of sanguinolent serum.—At the bottom of the cyst was a mass resembling adipocire, and apparently formed from food which had passed into it through an alveolus of an extracted tooth. Some injections and cataplasms to the cheek, with bleeding, completed the cure.

HOSPITAL LA PITIE.—M. LISFRANC.

Enormous Osteo-sarcoma of the Lower Jaw—Amputation and disarticulation of one side.—The description of this case was given in our last Number; we now proceed to the operation.—The incision of the skin having been made in the lower part of the tumour, the flap was carefully dissected from the diseased mass

which was not easily effected on account of its great tenuity in some parts, and the adhesions which it had contracted in others. Fifteen enlarged subcutaneous bleeding arteries were twisted, and the bone, together with the disease, being laid bare, it was sawn through.—The finger of the operator being introduced into the pharynx, that organ was discovered not to be affected by drawing the tumour and the jaw bone outward. The tongue, pierced by a hook, was drawn on one side, while the tumour was dissected from the roof of the mouth.—Having arrived at the pharynx, that organ was found so attenuated, and so closely in contact with the tumour as to require to be separated by carefully and slowly cutting the interstitial cellular membrane with the scissors, and this part of the operation was fortunately effected, without loss of substance in the pharynx.—The next stage was the section of the pterygoid muscles at their maxillary insertions, which occasioned a risk of wounding the carotid artery, but this difficulty was counteracted by drawing the tumour forward on the one hand, and by an assistant pressing with his fingers on the course of the carotid, which had been previously laid bare by the dissection of the under part of the tumour.—The detachment of the insertion of the temporal muscle upon the coronoid apophysis, was effected by the scissors, close upon the bone, so as to avoid the wounding of the temporal arteries.—The scalpel was now employed to dissect all the muscular parts from the bone, until the condyle was reached, and great was the astonishment of M. Lisfranc to find that on slightly pulling the bone it detached itself from the condyle, and was found as it were worm-eaten. The condyle was for a moment left in its cavity, while the tumour was being detached from its adhesions, which was effected by the fingers instead of the scalpel, carefully breaking up all the attachments of the cellular membrane.—The only remaining point was the removal of the condyle, the mode of effecting which need not be noticed. Care was taken to avoid the internal maxillary, the temporal, and the termination of the external carotid, which were contiguous to it.—*Gazette des Hopitaux.*

ROYAL COLLEGE OF SURGEONS, LONDON.

The following gentlemen were admitted Members on Friday, July 24, 1840:—

William Salmon Lucas.
Charles Henry Garstin.
James Dutton.
Richard Galvin.
James Ebenezer Batho.
Alfred Octavius Leete.
Henry Francis Butt.
Robert Bolton.
John Travis Dunn.
James Moline.

Admitted on Monday, July 27, 1840:—

Charles Smith Bompas.
Thomas Gabriel Bush.
George Hogarth Makins.
Gilbert Stewart Michell.
William Frederick Shoebridge.
John Harry Evans.
John Gray Henry.
John Henry Wrentmore.
Philip L'Anglois.
Robert George Fothergill Smith.
John Nicholas Tresidder.
Michael Murphy.
Edward Robert Houlden.

CHRONIC INFLAMMATION WITH DIMNESS OF SIGHT.

J. C., æt. 45, applied for relief at the Western Eye Dispensary, on the 17th January, 1840. The following is the history of his case as stated by himself:—Has long laboured under a chronic affection of the eyes: about six months ago was seized with acute conjunctivitis; he had dimness of sight for nine years previous to this attack of inflammation, at which time he led a very dissipated life. He first applied to Mr. — for the dimness, on whom he attended during three months without receiving any benefit; afterwards went to Mr. — who ordered bleeding, and other antiphlogistic means, from which he derived no relief. Two years after, applied to Mr. — under whose care he remained for three months, when failing to afford relief to the patient, as a last resource, ordered him to wear ear-rings!!! Four years ago, went to Mr. — on whom he attended for a short time, who applied some stimulating applications, that caused a high degree of inflammation, from which he had a tedious recovery. The last person whom he applied to was an oculist of much celebrity, who ordered cupping, leeching, and likewise scarified the conjunctiva, followed by the local application of water as hot as the patient could bear it. During all this time the patient appears never to have undergone any constitutional treatment, nor to have submitted himself to any particular regimen. At present the patient complains of a feeling of sand in the eyes, heat and intolerance of light; he is subject to frequent attacks of headache, and complains much of cold feet; the bowels are generally constipated, tongue foul. He had a dose of opening medicine, and the following collyrium:—

R. Liq. Plumbi Sub. Acet., min. xv.
Liq. Opii Sedat., 5j.
Aq. Distillatæ, 3vj.

Misce fiat Collyrium.

Two or three drops to be put into each eye occasionally in the course of the day, and to wear a shade. There being redness, with great irritation of the tarsal margins, he was ordered to apply a small portion of the following ointment, morning and evening:—

R. Ungt. Oxid. Zinci, 5iv.
Liq. Opii Sedat., 5ss.

Misce, bene.

He had a moderately nourishing diet, and was restricted to a pint of porter a day.—19th January, much the same; continue medicines as before.—21st. Less heat in both eyes, bowels again constipated.

R. Pil. Aper. ij.
H. S. Sumendus.

27th. Slight amendment. Added half-a-drachm of belladonna to the collyrium.—February 3rd. Intolerance of light, much diminished feeling of sand in the eyes, still troublesome.—7th. The affections of the eyes somewhat mitigated, but the patient's general appearance presents a more confirmed cachectic state of body; the pulse is feeble, the skin clammy and cold, and the bowels torpid; he was ordered a brisk purgative, and afterwards, with the concurrence of Dr. Ryan, he had the following tonic mixture:—

R. Infus. Gentianæ, c. 3vj.
Tinct. Gentianæ 5j.
Sulph. Quinæ, gr. xij.
Ol. Menth. Piperitæ, Min. vj.
Misce fiat Mist. cujus capiat 5j. ter in die.

It is unnecessary to give daily reports of this very tedious case; suffice it to say, that by steady perseverance in the use of tonics, strict attention to diet, and the regulation of the

bowels, general health became gradually established, and with its improvement the local affection of the eyes daily became less, under the use alone of the simple collyrium already mentioned; so sensible was the patient of the benefit he derived from the tonic mixture, that he requested its continuance even after the eyes were almost well.

REVIEWS.

A Treatise on the Physiological and Moral Management of Infancy. By A. COMBE, M.D., &c.

[Second Notice.]

AFTER showing the great amount of infant mortality, and proving that the chief causes of that mortality have origin in false notions of the nature of the infant constitution, and false modes of management, Dr. Combe thus explains the fact, that

DISEASE RESULTS FROM INFRINGEMENT OF FIXED LAWS.

Let it never be forgotten, then, that disease and ultimately death are the results not of chance, or of any abstract necessity, but simply of the infringement of the conditions on which God has decreed the welfare of the various organs of the body to depend, and the implied requirement to observe which has therefore been appropriately named the *organic law*. When these conditions are fulfilled, health is preserved; when they are neglected or infringed, the action of the organ is impeded or disordered, or, in other words, *disease* begins. In the case of the lungs, for example, it is essential for their healthy action, that the child should be surrounded by a pure air, of a proper degree of temperature and dryness; that the chest should be left free and uncompressed, so as to admit of the full expansion of the lungs, and of the easy access of the air into their air-cells; and, lastly, that there should be a free supply to them of properly constituted blood and of nervous influence. If any of these conditions fail; if the air is too impure, too cold, too warm, too dry, or too moist; or if the chest is compressed by improper clothing, so as to prevent the due dilatation of the lungs, and the ready admission of air into them; if the blood is defective in quality from inadequate supplies of nutritive food, or from impaired digestion; or if the proper circulation of the blood through the lungs is impeded and deranged by sudden exposure to cold or partial currents of air, or by the interruption of the nervous influence; the necessary and unavoidable result is, to derange the function of respiration by inducing morbid action in its organ. Fulfilment of these conditions is, therefore, appropriately enough called *obedience to the laws of health of the lungs*. If they are fulfilled, the lungs act healthily; if they are fulfilled, disease attended with disturbance of the function of respiration immediately follows, and does not admit of cure so long as the causes which gave rise to it continue in operation.—The manner in which all other causes of bad health act upon the human body is essentially the same. Thus, when a fit of indigestion is occasioned by excessive eating or drinking, the disease is caused by the infringement of that law which requires, as a pre-requisite of healthy digestion, that the food and drink be adapted in quantity and quality to the state of the constitution and mode of life. And, in like manner, when inflammation of the eye is excited by exposure to a very bright or concentrated light, the disturbance arises from transgressing that organic law which requires light to bear a certain relation to the natural constitution of the eye. If, in defiance of this law, we exercise the eye with a light either too intense, or too feeble, or if we look continuously through glasses calculated either to concentrate or disperse the rays of light in a higher degree than that for which the structure of the eye is adapted, disorder of its organization, or, in other words, disease of the eye, is sure to follow; and so long as the deranging cause is allowed to remain in operation, we may use the best devised treatment for the

cure of the disease without the smallest benefit. But, on the other hand, the moment we adapt the light and the exercise to the altered state of the organ, so as to give due effect to the preservative powers of nature, the very same treatment may be followed with success, because now the laws of the function are fulfilled. Hence, too, the uselessness of attempting to cure indigestion, for instance, by medicine alone, without fulfilling the conditions of health of the stomach by the due adaptation of the diet, &c., to its altered state.

HEREDITARY INFLUENCE.

Admitting the reality of hereditary influence, the next point of practical importance is to discover what are the conditions in the parents which affect most powerfully the future welfare of the child. The following are perhaps the most deserving of notice:—

1st. Natural infirmities of constitution derived from their own parents.

2nd. Premature marriages, especially of delicate females, and persons strongly predisposed to hereditary disease.

3rd. Marriages between parties too nearly allied in blood, particularly where either of them is descended from an unhealthy race.

4th. Great disproportion in age between the parents.

5th. The state of the parents at the time of conception; and, lastly, The state of health and conduct of the mother during pregnancy. Of these I shall speak in succession.—It may be said, that, in a work like the present, destined chiefly for the guidance of parents and young practitioners, it is altogether superfluous to treat of any of the first four heads; seeing that the child is supposed to be already in existence, and that it is no longer in our power to avert the consequences of a well or ill assorted marriage, or infirm constitution. But this objection does not apply with much force; for the more delicate the infant is, the more necessary does it become to detect the true source of the delicacy, that the means of remedying it may be applied with that discrimination which is essential to success. The same treatment, for example, which is suitable for an infant whose infirm health arises from its inheriting the constitutional tendencies of the race of either parent, may not be equally suitable for another whose delicacy is caused by disease occurring accidentally during the pregnancy of the mother. Here, then, is a strong practical reason why we should not only be aware of all the sources of infant delicacy, but also be able to discriminate between them in every individual case.—But even supposing, what is not the case, that the children already born are beyond the reach of benefit from the inquiry, it is quite certain that, by improving the health of the parents, the *future* offspring will participate in their increased vigour, and more easily escape the evils which assail the earlier born. Nor is this the only consideration, important though it be; for parents have an advising and controlling power over the marriages of their children, and by convincing the understandings of the latter, may call into operation in early life, before the passions become enlisted in the decision, a guiding influence which shall insensibly put them on their guard against forming an alliance with a very unhealthy or defective race. A kind and judicious parent may exercise more influence in this respect than is commonly imagined; and if the young were accustomed to find their parents and guardians acting habitually and consistently under the guidance of principle, they would be much less apt than at present to follow heedlessly the bent of their own passions, in a matter so directly involving their permanent happiness. But when nothing is done, either by example or precept, to put the young on their guard, it is not surprising that mere inclination, family interest, and money, should be more important considerations in forming alliances, than family endowments of mind and body, or soundness of family health; and so long as this shall be the case, so long will much misery continue to be produced, which might otherwise have been foreseen and prevented.—The influence of original constitution on the qualities and

health of the progeny, is remarkably shown in the families of some of the reigning princes of Europe, and of our own aristocracy; and is exemplified in the histories of long-lived persons, almost all of whom are found to have been descended from long-lived ancestors; indeed, nothing is more certain than that, other circumstances being favourable, robust and healthy parents have robust and healthy children. The same law, indeed, holds good throughout animated nature. In the vegetable world, for example, quite as much importance is attached to the quality of the seed as to a good soil and good cultivation, and the highest prices are offered to obtain it. Among the lower animals the same principle equally operates. The genealogy of the race-horse, of the hunter, or even of the farm-horse, is looked upon as a sure criterion of the qualities which may be expected in its progeny. In the dog, the sheep, and the different varieties of cattle, also, we calculate, with perfect certainty, on the re-appearance of the qualities of the parents in their young. Man himself, as an organized being, constitutes no exception to the general law, and it is a false and injurious delicacy which would try to divert attention from a truth so influential on happiness, and which has long forced itself upon the notice of physiologists and physicians. In alluding to this subject, the great Haller mentions, that he knew “a very remarkable instance of two noble ladies, who got husbands on account of their wealth, although they were nearly idiots, and from whom this mental defect has extended for a century into several families, so that some of all their descendants still continue idiots in the fourth, and even the fifth generation.” The late Dr. Gregory also graphically describes the same influence of the parental stock, when he says “Parents frequently live over again in their offspring; for children certainly resemble their parents, not merely in countenance and bodily conformation, but in the general features of their minds, and in both virtues and vices. Thus the imperious Claudian family long flourished at Rome, unrelenting, cruel, and despotic; it produced the merciless and detestable tyrant Tiberius, and at length ended, after a course of six hundred years, in the bloody Caligula, Claudius, and Agrippina, and then in the monster Nero.” Facts of a similar description might easily be multiplied; but as their counterparts may be observed in a more or less marked degree in ordinary society, it is needless to adduce them.—We are perfectly warranted, then, both by experience and reason, in maintaining that the possession on the part of the parents of a sound and vigorous bodily constitution, and an active well-balanced mind, exerts an important influence in securing similar advantages for the offspring. If either parent inherits the feeble delicacy or mental peculiarities of an unhealthy or eccentric race, the chances are, as we have already seen, very great, that the offspring will be characterized by precisely similar tendencies. But, in compensation for this, the very same law by which the liabilities to gout, insanity, and consumption, is transmitted from generation to generation, enables us to reckon with equal certainty on the transmission of health and vigour, wherever these have been the hereditary features of the race.

UNIVERSITY OF LONDON.

List of candidates who obtained honours at the First Examination for the degree of Bachelor of Medicine, July, 1840:—

(Arranged in the order of Proficiency.)

Anatomy and Physiology—Parkes, Edmund, University College, exhibition of £30 a year for two years, and gold medal; Humphrey George Murray, St. Bartholomew's Hospital, gold medal.

Chemistry—Parkes, Edmund, University College, exhibition of £30 a year for two years, and gold medal.

Materia Medica and Pharmaceutical Chemistry—Parkes, Edmund, University College, gold medal.

MEDICAL OBITUARY.

At his residence, Castle Farm, near Buckingham, in his 70th year, T. Ledbrooke, Esq., many years Surgeon to the Royal Bucks Militia.—Joseph Ousley Finglass, Esq., M.D. The deceased was a young gentleman of amiable and unassuming manners, and is sincerely and deservedly regretted.—At his residence, Bewdley, aged sixty-nine, Peter Prattington, Esq., M.B., of Christ Church, Oxford.—At Gifford, Mr. Alexander Robertson, surgeon, universally and most deeply regretted.—At Ashburton, Mr. George Cutcliffe, surgeon, aged 54, who for a number of years enjoyed the reputation of a skilful practitioner in his profession; he was a firm advocate for the advancement of reform.—At St. Andrews, Robert Briggs, M.D., Professor of Medicine and Chemistry in the United College, St. Andrews.—At Verona, near Enniscorthy, John Furlong, Esq., M.D.—In the 67th year of his age, Henry Lucas, Esq., M.D., Mayor of the Borough of Brecon. His eminence in his profession would alone have rendered his death a public loss, but his eminent usefulness in public life will cause the melancholy event to be a subject of general grief.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

WEST KENT INFIRMARY.—A Vacancy has occurred in the office of Physician, by the resignation of Dr. Welch. The Election will take place on the 11th of August. Candidates must be Doctor or Bachelor of Medicine of some University of Great Britain or Ireland.—Dr. George Taylor, of Maidstone, is a candidate.

NAVY.—Surgeon Thomas Henry Nation to the Stromboli.—Assistant-surgeons Wm. Houghton, to the Stromboli; J. C. Walsh, (acting) to the Impregnable.

ARMY.—7th Regt. of Dragoon Guards, Assistant-Surgeon Thomas Fox, M.D., from the 47th Foot, to be Assistant-Surgeon, vice Stewart, whose appointment has been cancelled.—21st Foot, Staff Assistant-Surgeon John Summers, M.D., to be Assistant-Surgeon, vice Davidson, promoted in the 50th Foot.—47th Foot, Assistant-Surgeon Robert Lawson, from the Staff, to be Assistant-Surgeon, vice Fox, appointed to the 7th Dragoon Guards.—50th Foot, Assistant-Surgeon James Davidson, from the 21st Regiment, to be Surgeon, vice Reid, deceased.

HOSPITAL STAFF.—Assistant-Surgeon Thomas Galbraith Logan, M.D., from the 53rd Foot, to be Assistant-Surgeon to the Forces, vice Summers, appointed to the 21st Regiment.

MEMORANDUM.—The appointment of Assistant-Surgeon Alexander Campbell, from the 1st West India Regiment to the Staff, and of Eneas Mackintosh Mackpherson, Gent., to the Assistant-Surgency of the 1st West India Regiment, vice Campbell, as stated in the Gazette of the 3rd of July, are to be cancelled.

ADVERTISEMENTS.

DR. COMBE'S NEW WORK.

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For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

SKETCHES OF "THE COLLEGE."—NO. II.

THE LIBRARY.

THE Library is a fine room, and as a library should be, is surrounded by oak presses, whose shelves contain the literary masterpieces of the modern surgeons and the old anatomists. We say *modern* surgeons, for truly is surgery a science of our own time—an art perfected only in our own days; while modern self-styled anatomists, with a few bright exceptions, are unworthy to wipe the dust from the latchets of their elders' shoes. Above the first range of presses runs a gallery, which affords access to another collection of volumes, and above this again a range of upper windows. Between these windows we have one of the chief adornments of the place in the pictorial similitudes of some of the good old surgeons, who, after fulfilling their appointed tasks, have passed away. And first, though least assuming, let us note with due honour WILLIAM HARVEY, whose great discovery of the circulation changed the aspect of medical science, and, as it were, *created* our present systems of physiology. He has the look of a great man—*mind* beams from his forehead and features, and one glance at the portrait shows us a man who could afford to smile at the gibes and raillery of those who were unable to understand, or unwilling to appreciate, the magnitude of his discoveries. Next to Harvey, we have Cheselden, big, burly, jolly-looking Cheselden, fortunate in the friendship of Mead and of Pope, and who is said to have felt more gratification at a compliment on a well-turned stanza—for the old surgeon-anatomist was afflicted with the malady of rhyming—than in being called, what he really was, the first operator in Europe. We will not now say aught of his famous books, of his still more famous operations for stone—the first speak for themselves, the Museum of the College, with the enormous calculi, and his old operating-table still used at Westminster Hospital, are the best mementos of the latter. After Cheselden we have Percival Pott, the first man of his day, and remarkable no less for his skill and success, than for the classic elegance of his style, and the closeness of his arguments. Next we have John Sheldon, a curious man, generous, enthusiastic, but unsuccessful in his profession. He was professor to the Royal Academy, in which post he gained more renown than money. He was full of crotchets, at one time starting off to Greenland to kill whales, according to the Pharmacopœia, *secundum artem*, with poisoned harpoons; at another, making a trip with Blanchard, the aëronaut, and always boasting that he was the first Englishman who made an experimental ascent. In reference to this flight, Mr. Wadd, himself of eccentric memory, gives us in his *Nugæ Canoræ* an amusing story:—"When Blanchard (he says) came down in the garden adjacent to Mr. Lochée's, he was very

urgent with Sheldon to alight, and suffer him to make his voyage alone. Sheldon would not comply, and a short dispute took place. 'If you are my friend,' said Blanchard, 'you will alight; my fame, my all, depends on my success.' Still he was positive; on which the little man, in a violent passion, swore he would starve him—'Point du chicken—you shall have no chicken, by Gar,' said Blanchard; and saying this, he threw out every particle of their provisions, which lightening the machine, they ascended. It was a good French notion that the best way to get rid of an Englishman was to throw out the eatables.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 25th July, 1840:—

Epidemic, endemic, and contagious diseases	158
Diseases of the brain, nerves, and senses	147
Diseases of the lungs, and other organs of respiration	226
Diseases of the heart and blood-vessels	23
Diseases of the stomach, liver, and other organs of digestion	85
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c. .	13
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	0
Diseases of uncertain seat	102
Old age, or natural decay	61
Violent deaths	27
Causes not specified	0

Deaths from all causes

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, July 30th, 1840:—

Thomas Benjamin Hopkins, Chatham.
Frederick John Lowas.
Robert Henry Wood, Glenshill, Salop.
Charles Brodie, Sewell, Linton, Cambridgeshire.
Joseph Brindley, Leek, Staffordshire.
Christopher Hill Dobson, Northallerton.
Harry Mills Blaker, Brighton.
John Hawkes Jackman, Temple Blond, Somerset.
James Spicer, Lambourne, Berks.
Dodwell Brown Whipple, Plymouth.
Henry Bursey, Brighton.

Doctor Graefe left the enormous fortune of 3,600,000 Prussian dollars, equal to 13,000,000 francs, or more than half a million sterling, which he amassed almost entirely by his honourable profession, having begun life with a fortune of 8,000*l.* or 9,000*l.* only.

The next meeting of the British Association for the Advancement of Science, is fixed for the 17th of September, at Glasgow, on which occasion several eminent and illustrious strangers are expected to attend; among others, the French Ambassador, M. Guizot.

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WILLIAM LAWRENCE, F.R.S.

FRACTURES—UNUNITED FRACTURES—TREATMENT OF COMPOUND FRACTURES.

LET us now return to our subject of Fractures. After a fractured limb has been kept in a suitable apparatus for the length of time ordinarily found sufficient for the union of the bone, we sometimes discover, on removing the apparatus, that the bone has not united. Occasionally we find the fracture quite loose—the limb quite movable in the situation where the fracture has taken place; and sometimes such a want of union continues for weeks, and even for months; and often, at the expiration of a year or more, a fracture will not be consolidated—it is then called a case of *united fracture*. This, of course, is a very unpleasant occurrence, both to the surgeon and to the patient. The limb is rendered useless, or nearly so. It bends at the seat of the fracture, just as if there were a *joint* at that part. Indeed, on examining these cases occasionally, a kind of smooth surface to the bone is found to exist; and there is a condensed substance surrounding the ununiting ends of the bone, something like an imperfect joint. More commonly, however, the bones are found connected by condensed cellular membrane, or a species of ligamentous membrane, and there is no joint produced. It is important to ascertain in these cases, whether the want of union arises from anything peculiar in the nature of the accident, to the peculiarity of constitution, or to some want of care and attention—something inefficient in the treatment of the case. I apprehend, if we take all the cases of want of union, we shall find more reason for concluding that the circumstance arises from the latter cause, than from either of the two former causes. Mr. Amesbury, who has paid particular attention to fractures, has related the result of his experience upon the subject of ununited fractures; and from experience, he expresses himself very decidedly, that it is owing to the inefficient apposition, and mode of retaining in contact the broken ends of the bone; consequently, the treatment that we should follow to avoid the possibility of this occurrence, consists rather in the careful management of fractures in the first instance, than in any other course of proceeding. Mr. Amesbury says, that in a great proportion of the cases which have come under his care, when a properly-adjusted apparatus was applied, when the broken ends of the bone were brought into accurate contact, and kept in apposition, the fracture has generally united within a moderate length of time. But in cases where somewhat of increased action would seem to be necessary for the consolidation of the fracture, in consequence of the time that has elapsed, he recommends not merely the application of a proper apparatus for keeping the broken ends of the bone in contact, but to combine with it the use of *pressure*. This may be accomplished, by putting particular sorts of splints and pads on the part, the object being simply to produce such a degree of pressure as will excite some degree of pain—a pain which will last for a certain time. If the union can be accomplished by the simple means I have just stated, we shall save patients from the necessity of undergoing other treatments which are both painful and dangerous. For in instances of these ununited fractures, proceedings have been adopted which, at all events, have generally required a long course of confinement, and, in some instances, have caused such disturbance as ultimately to prove fatal to the patient. Sometimes an incision has been made through the soft parts, the fractured ends of the bone have been exposed, and the surgeon has sawn off a part of the ends. This, I need not observe to you, is a very important proceeding.

If it is in the fleshy part of the thigh, it must be a very difficult thing to accomplish; you have to inflict a very extensive wound, a wound very likely to be followed by considerable inflammation, and that with a still more serious effect. In many instances in which this has been done, the patient has at least been left in a worse situation than he was in before. Another mode of proceeding in these ununited fractures, has been, the passing of a seton between the broken ends of the bone and leaving it there in order to excite a certain degree of inflammation, which having been accomplished, the seton has been withdrawn, and the part left to its natural powers. I believe it may be said, there are two or three instances, in which, after some weeks, or months' treatment of this kind, with considerable danger, union has been effected, but in other instances union has failed. Sometimes blisters have been applied; again it has been conceived that rubbing the broken ends of the bone together might excite the necessary degree of action requisite for the consolidation; but still where that has been done, consolidation has not been found to take place; at all events, however, that is not a dangerous proceeding.

TREATMENT OF COMPOUND FRACTURES.

I proceed next to speak to you of the management of *compound fractures*, the observations which have hitherto been made being applicable to cases of *simple fracture*.—In compound fracture the soft parts may be divided by the same violence which breaks the bone, as in the case of a carriage-wheel passing over a limb; a contused and lacerated wound of the soft parts is made by the wheel at the same time that it occasions the fracture; in such a case you have a large external opening—a very free wound. More commonly the bone is broken first, and then the fractured end (more particularly if the fracture be oblique, so that a part of the bone has a sharp extremity) is forced through the soft parts in consequence of the exertion the patient uses after the injury has occurred. The patient rises perhaps, or attempts to rise and to stand on the leg, and thus the occurrence may take place. When a fracture happens to a person who is intoxicated, not being aware of what has occurred he makes use of violent efforts, and thus the broken end of the bone is not only often forced through the skin, but through the stocking; it has been forced even through a boot. In these cases where the division of the soft parts is *secondary*, the external wound is generally small—sometimes a mere puncture, while the internal wound is perhaps just as extensive as in the former instance.

What is a proper case for amputation?—The degree of injury is extremely various in cases of compound fractures. In the most serious cases it becomes a question whether the loss of the limb may not be necessary, in order to prevent the risk which would otherwise accrue to life. It is difficult to lay down precise rules upon this point, each case presents something peculiar to itself; and it will be necessary for the judgment of the practitioner to be exercised after a careful consideration of the particular circumstances in each individual instance. We can only speak here in a very general way upon what is necessary to guide us in determining upon this important question. We must attend to the degree of injury which the parts have received, and also to the greater or less importance of the parts involved: for instance, we should see whether joints are at all injured; whether it is probable that considerable blood-vessels or any large artery be implicated. The age and the constitution of the patient must be taken into consideration. Also it is sometimes a question of importance to ascertain whether the patient will have such professional care and such comforts as his situation requires.—A comminuted fracture of a bone with the soft parts extensively torn and mangled, by a limb being engaged into machinery, for instance, is a case, respecting which we can be under no doubt. Amputation is necessary in such a case. We sometimes find a limb half torn off and the fracture of the bone by no means the most important part of the case. Here it is absolutely necessary to amputate. The case of a comminuted fracture with serious bruising and laceration of the soft parts where the bone is extensively exposed, more especially if fracture occur in the neighbour-

hood of a joint, with a great probability of extending into it, and with the probability also of an artery or arteries being injured, that case is one in which amputation must be performed, if it occur in an old person, in a person of enfeebled constitution, or to a person in an hospital or in a crowded situation, where the powers of recovery generally take place less favourably than under other circumstances. But the same kind of injury may not be thought a case requiring amputation, if it happen in a young subject, one of vigorous constitution, and to an individual situated in a pure and wholesome air. We should be on our guard against hastily condemning a limb in cases of this kind; for the resources of nature are so great that sometimes we see parts restored, when we had anticipated that the loss of the limb would be the inevitable consequence. I remember about twenty years ago, a case having been brought into this hospital of a dreadful compound fracture occasioned by a carriage-wheel. The whole limb had received a violent injury; there was an external wound of the soft parts of the leg, leading down to the ankle; about four inches of the tibia were entirely denuded, and the soft parts almost completely detached; there was very considerable bruising; the bones were projecting, and the fracture, as well as the wound, extended close down to the ankle joint. I considered this to be a case in which amputation would be proper, and I represented my opinion of the necessity of the measure to the patient, but he seemed to have made up his mind that, at all events, he would not part with his limb; and the representations that were made to him of the probable danger to life, by refusing to submit to the operation, had no effect in altering his determination; he would not have it removed. The limb was accordingly laid on a broad splint on its outer side (the accident being on the inner side,) and the necessary means were adopted for the purpose of preventing inflammation. Now, this case did well, really without a single unfavourable symptom taking place, in about a dozen or fourteen weeks. The wound, which was very considerable, united, the fracture became consolidated, no exfoliation of the bone took place, and the lad had a good strong limb to support himself upon. You are not to consider the size of the external wound at all as a measure of the degree and seriousness of the injury; it is the violence which the bone has experienced, the contusion and laceration of the surrounding soft parts, the injury to joints, or some large artery—such are the circumstances which constitute the state of danger. *Ceteris paribus*, I think it is an advantage to have a large external aperture in these cases, because such free external wound affords, as the matter forms about the wound, an easy escape to it; so that, in many instances, the case will do better than when there has been merely a minute external opening of the skin.—The reason for amputating, in a case of compound fracture, is the danger that would accrue to the life of the patient, in consequence of the injury, if the limb were not removed. In the very serious injuries of this kind which sometimes occur, traumatic gangrene, mortification of the limb, generally may be expected to come on, and violent inflammation, with a corresponding febrile disturbance of the system, which runs to such a height as to endanger life. Then there is a more remote degree of danger from repeated suppurations, from the drains on the system which take place when these wounds get into the chronic stage, and when there is a thin discharge, accompanied with hectic fever. Another consideration which influences us in our determination, is the very imperfect, and sometimes useless, state of the limb after the patient may be said to have recovered from the injury. The injury which the soft parts, in the neighbourhood of the fractured bone, have sustained is so considerable, and the repeated inflammations and suppurations have produced such a degree of stiffness, that the patient, perhaps, recovers with a limb in a condition not to be at all useful to him, but, in point of fact, to be rather burdensome than otherwise, and that, too, after many months, and even sometimes years' suffering. These are the considerations which, under certain circumstances, induce us to think it expedient to amputate a limb rather than to attempt to preserve it. The same

question occurs in this case as in the instance of serious injuries to limbs from gun-shot wounds,—the time at which amputation may be most advantageously performed. For in the case of compound fracture, amputation may be performed immediately after the occurrence of the accident; or it may be deferred till some time afterwards. I had occasion, when I spoke of gun-shot wounds, to consider the question I am now adverting to fully, and I stated to you then, that there is no doubt whatever of its being by far the safest and most eligible practice to amputate immediately—to perform the operation within twelve or thirteen hours after the receipt of the injury; and all the considerations which led to that inference, in instances of gun-shot wounds, are equally applicable to cases of compound fracture that require amputation; I, therefore, need not go over the ground again.

When we treat a compound fracture with the view of repairing the injury and of restoring the limb to an useful state, we generally attempt to produce an union of the external wound; we approximate and retain the edges of the wound in contact, in the hope that they may become united, and thus that the compound fracture may be converted into the state of a simple one. I know that we do not very often succeed, because the wound of the soft parts is not favourable to the occurrence of adhesion; it is a lacerated and a contused wound, and a wound of that kind will not regularly unite by adhesion. We may make the attempt, however; we may either draw the edges of the wound together by short portions of sticking-plaster, or cover it with lint dipped in the blood which flows from it; this forms a crust over the wound. If we succeed in producing union of the external wound, we find that the case will go on as well as if it were an instance merely of simple fracture. It is necessary in compound, as well as in simple fracture, to bring the displaced ends of the bone into their proper apposition, to place them in contact, and to maintain them so; but the injury which the soft parts have experienced is one of the circumstances that requires our particular and early attention. We may naturally expect, in consequence of such injuries, inflammation, suppuration, fever, renewed inflammation and suppuration, repeated formations of matter. You will recollect, that the inflammation here occurs in the cellular texture, in the very centre of the limb; you will remember, how easily inflammation, when it takes place in the cellular substance, runs along that texture, so as within a very short time to extend through the whole of the limb, as in the case of phlegmonous erysipelas.—When, therefore, in suppuration, the progress of the matter to the surface is impeded by muscles, tendons, and fascia, external to it, the extension of suppuration throughout the limb in the intervals between the muscles is a very common occurrence. These are the effects which we must endeavour to prevent or to overcome, and what is the course most likely to accomplish that purpose? You really find it quite necessary here, as I mentioned to you in the case of a simple fracture with contusion and bruises, to put out of consideration, for a time, the fracture of the bone, and to adopt the means that are necessary to prevent the occurrence of inflammation in the soft parts; and you certainly would not attempt to prevent that by the application of bandages, or of hard splints to the limb. You must adopt very active antiphlogistic treatment. In a young patient of full habit with such an injury, you must bleed from the arm, and follow up that by active abstractions of blood, locally, by leeches; apply cold, and adopt the other parts of the antiphlogistic treatment necessary on such an occasion. During the time you are doing this, the limb must be laid easily upon a soft pillow, or upon a broad splint, well padded and soft, so as to prevent the fractured ends of the bone from moving on each other.

PROPRIETY OF BLEEDING.

It has been questioned whether it is proper to bleed in compound fracture, or injuries of this kind; and one of the principal reasons brought forward against it is, that in the progress of the case, in order to repair the injury, in order to unite the bone—in order to remedy the consequences of the inflammation, suppuration, and so forth—the pa-

tient will require the exertion of considerable strength of constitution, and therefore you ought not to take from him blood—you ought not to run the risk of lessening those powers, the exertion of which will be so much needed. It seems to me, that the reason for bleeding is in order to prevent the inflammation, and that suppuration which, in the further progress, are said to require this constitutional power. If you adopt suitable antiphlogistic treatment in the first instance much inflammation and suppuration will not occur, so that the demand is not made upon the constitutional powers. The reasoning which objects to taking blood in consequence of the extensive suppuration which will take place in the progress of the restorative processes, seems to me to be this. If you do not bleed, inflammation and suppuration will ensue, and you want power in order to repair the effects of those processes; you are not to bleed because you will want that power afterwards. This is a mode of reasoning that I should not be disposed to entertain. The occurrence of suppuration and inflammation which is to be charged, in point of fact, to the neglect of proper antiphlogistic means, is made a reason why those antiphlogistic means should not be adopted!—It is by no means, however, absolutely necessary to bleed generally in cases of compound fracture; general bleeding, probably, is only required in some few instances where the patient is robust, and where he is of that kind of constitution in which considerable inflammation may be expected. In the majority of instances it will be sufficient to bleed freely from the part by the application of leeches, until the probability of inflammation shall have passed by. If a few days after the occurrence of the injury, pain and swelling should come on, and if the patient should begin to feel hot and thirsty, you would immediately adopt the same kind of antiphlogistic treatment I have mentioned, for you have the same kind of object in view. Until all increased action—until all probability of inflammation is at an end, you will not find it expedient, in cases of compound fracture, to bandage up the limb, and to confine it tightly in splints. In fact, closely bandaging it, and the firm application of hard splints, are more likely to produce inflammatory action, than to be of any service to the bone. I think, therefore, that after all risk of inflammation has gone by, you ought to adopt very gentle means for retaining the broken ends of the bone in contact; and in common fractures of the leg, I do not know anything that answers the purpose better, than what is called a wooden *fracture box*; the sides and ends of which admit of being altogether or separately opened, where the limb rests on a soft pillow at the bottom of the box, and where it rests against each side upon two pads—where also the foot is similarly supported by a pad at the end. Then the different parts which open can be fastened again by buckles and straps to any degree of firmness that may be required. To prevent such movement as would be painful to the patient, by altering the thickness of the pads, or by putting an additional pad into a particular situation, you can produce a pressure where you want to straighten the bone, or prevent it deviating in any particular direction. By letting down one side, you can expose a wound if it is on the side, and apply poultices, or leeches, or dressings, as required. If you have the pads covered with a piece of oil-silk, you keep them clean. You find the patient is made very comfortable by this apparatus, and in many instances the fracture goes on so well under their use, that one prefers continuing to use it, to removing it and putting the limb on the ordinary splints. However, after inflammation has gone by, and when there is no risk of its return, the limb may be taken out of this box, laid in the ordinary splints, and treated in the usual way.—The progress of compound fractures is often retarded by the separation of portions of bone. The ends of the bone being occasionally completely denuded sometimes perish, so that a portion must be completely separated before the process of union of the fractured ends can commence. You are no doubt aware, that when a portion of the whole thickness of the tibia, for instance, or of any essential solid part is to be removed by the absorbents, considerable time is required. However, after this

is accomplished, you will find that the union of the bone will take place very perfectly. Although considerable pieces may come off from each end of the broken tibia, the processes of nature are adequate to supply what is lost, or, at all events, to ossify the soft matter which intervenes between the ends of the bone, so as to render the union sufficiently strong for the support of the body.—There was a case last summer in this hospital, of rather an elderly person—a man between fifty and sixty years of age, who had got a compound fracture of the leg, in consequence of jumping down from a height, on the occasion of a house being on fire, and where pieces of the whole thickness of the upper and lower ends of the tibia separated by *exfoliation*, after which the bone united pretty rapidly.—It may happen that the bone is comminuted in the situation of the fracture, that some portions are completely detached, quite loose, or, if not, that they are merely connected together by a slender portion of soft parts. When pieces of bone are thus loose, and near the surface of the wound, it is better to remove them at once; they are only sources of irritation and inconvenience if they are left behind. You are not, however, to make any extensive incision in order to remove them, because I speak of fragments merely that are either entirely or nearly detached, and which can be removed without much pain to the patient. I should have observed to you, that sometimes too, when the sharp end of the bone has been forced through the skin, we find a difficulty in restoring the bone to its situation. It is so completely held just through by the surrounding integuments, that, in some instances, we cannot replace it. Under such circumstances there are two courses of proceeding. It may be necessary to enlarge the wound of the skin a little, and then to replace the protruding fragment; or, in some instances, it may be advantageous to saw off the projecting point of bone.—In respect to the inflammation which frequently comes on in compound fracture, when matter forms in consequence of such inflammation, it is expedient, as early as we can, to make an effective opening for its discharge. The matter in these cases often forms deep in the limb; and if an external opening be not made for the exit of that matter, it is apt to extend in the limb, to run in the intervals of the muscles, to produce extensive sinuses—excavations which are afterwards very troublesome, and the source of long-continued suppurations. Free and early openings then are particularly applicable in cases of suppurations occurring after compound fractures.—It may be a question, whether it would be proper to proceed to amputation, if we are certain that the fracture extends into a joint. Such a circumstance does not render amputation necessary. If the fracture extend into a joint, without having any immediate external communication, the processes of restoration necessary for consolidating the fracture, will go on very well. It may happen that the joint is swelled, that inflammation of the synovial membrane may ensue; and, indeed, that may ensue, whether it be a case of simple, or of compound fracture; this may be combated by proper treatment. Such an occurrence, therefore, is certainly no ground for amputation. Would it be expedient, or is it necessary to propose amputation in the case of fracture extending into the joint with an external communication to the fracture? If there were an extensive opening into a large joint, it might be necessary; but the mere circumstance of such a condition of fracture (and a joint not of the largest size) is not a circumstance by any means requiring amputation. There was some years since a case in this hospital of a compound fracture of the lower part of the tibia, which was, in fact, comminuted, in consequence of a very heavy stone falling upon it. After a little time, a portion of the bone came away, consisting of a part of the internal malleolus, visible from without, from which this portion had separated. That patient recovered very well. There was no particular circumstance occurring from the extension of the fracture into the joint, nor from the separation of a portion of the fractured bone involving even the articular surface of the malleolus.—Now, when you consider how extensive the mischief is in these

cases, you will easily understand that the consolidation of the bones requires a longer period of time than is found necessary for reparation in cases of simple fracture. Eight, ten, twelve, or a greater number of weeks often elapse before the fracture is consolidated. And again, from the long confinement, from the inflammatory swellings which the parts undergo, and from the depositions into their textures consequent on inflammation, so much stiffness will often ensue, both immediately round the fracture, and in the neighbourhood of the joint, that the limb, after the accident, may be said to be cured, often remains in a state of very little use to the patient for a considerable length of time. In this condition, friction, bandaging—common bandaging—surrounding the limb with strips of soap-plaster, warm bathing and subsequent friction, with powerful stimulating liniments, are means by which, with natural attention, we may ultimately restore the use of the limb.

SPIRIT OF THE MEDICAL PRESS.

NEW METHOD OF TREATING RETROVERSION OF THE WOMB. BY CHARLES HALPIN, ESQ., CAVAN.

[The author first enters into the explanation of the nature of retroversion of the womb. It is that mal-position when the fundus, instead of lying upwards towards the umbilicus, is forced downwards and backwards into the pelvis, below the promontory of the sacrum, whilst the os uteri is carried forwards above the symphysis pubis. Retroversion generally takes place between the third and fifth month of pregnancy, but may also arise independent of impregnation. Before explaining his own method of returning the womb into its proper place, he enumerates the methods of several eminent accoucheurs, which were chiefly by the use of the fingers or the hand. Dr. Davis was the first who mentioned any other means than the fingers or hand. "He advises the introduction of the first and second fingers of the right hand within the sphincter ani, with which we are to keep a steady pressure on the uterine tumour, so as to raise it up gradually. This must be done, not by violent jerks, but by most cautious efforts. If the fingers are not sufficient, Dr. Davis recommends an instrument that shall be long enough to continue the bearing; it consists of a piece of cane of considerable thickness, with a broad, firm, and finely textured piece of sponge secured at its top. When this has been borne for some time on the retroverted fundus, the latter will sometimes be felt to pass suddenly up into the abdomen." Mr. Halpin then relates the case which first called his ingenuity into exercise, and which neither he nor Dr. Finlay could reduce by the ordinary method. He found that his fingers embraced too small a space on the fundus, and instead of its being replaced it only became inverted. He then says:]—"I now saw clearly that my only chance of rescuing this woman from her perilous state would be, in the use of some instrument which could be brought to bear equally on all parts of the tumour, and with which sufficient power could be applied to raise it fairly above the promontory of the sacrum. It instantly occurred to me, that with the assistance of a bladder I should be able to inflate the pelvis, and thus raise its contents into the abdomen. We acted on this suggestion. I attached a small recent bladder to the tube of a stomach pump, with an air-tight piston, and having immersed it a few moments in warm water, to bring it to the heat of the body, I introduced it, empty, into the vagina, between the fundus of the uterus and the rectum. Retaining it within the vagina by holding my hands firmly across its orifice, Dr. F. inflated it slowly and steadily. After a time she complained of a sense of tension or bursting, but no pain. We

then ceased throwing air into the bladder, allowing what was in already to remain, keeping up, as it did, a steady, equal, well-directed pressure on the tumour. After the expiration of five minutes we threw more air into the bladder, when the patient exclaimed 'slowly, 'Oh, now you are forcing something up to my stomach!' I retained the bladder sometime longer in its situation; and then, previous to withdrawing it permitting the escape of some air, I introduced my finger, and had the satisfaction of finding that the tumour was no longer in the pelvis, and that the os uteri lay within reach of my finger, pointing downwards and backwards. I then, and not till then, removed the apparatus.—I now come to consider the instrument which I have found so efficacious. It consists of a small recent bladder, armed with a stop-cock, attached to the tube of a syringe; from our knowledge of the capacity of the pelvis, it will be easy to select one of proper size. A recent bladder is to be preferred, as being particularly easy of introduction. I stated in the commencement, that it is easily applied, safe in its employment, and unerring in its effect; and I do hope and trust, that when trial has been made with it, its utility will be admitted. If the force obtained by a body of air is not sufficient for the purpose, by substituting water we shall be in possession of a power that will be irresistible, not only by the soft parts within the pelvis, but even (were it necessary) to the bursting asunder of the bones that form that cavity; whilst, at the same time, we have this power so completely under control, that no bad consequences can arise from its use. Contrast it for one moment with the formidable proceeding of introducing the whole hand into the vagina, or through the sphincter ani, together with some fingers of the other hand into either of those passages to assist it. Not all the proper caution of the senior surgeon of the Hotel Dieu at Lyons can ever make this other than a painful, dangerous operation. This instrument, I take it, is applicable not only for restoring the uterus to its normal situation, but also for retaining it there. Dr. Gurtshore advises filling the hollow of the sacrum with sponge, to prevent a recurrence of the retroversion. Dr. Blundell, and others, direct us to keep the patient in bed for two or three weeks, resting on the knees and elbows once or twice each day, for an hour or two at a time. Very few women will or can submit to this confinement. The retroversion having been rectified, I would introduce, as a pessary, a gum elastic bag constructed on this principle, and inflate it to a proper state of distension. It will remain without producing the least annoyance to the patient; and cannot, from its nature, obstruct the free passage of either urine or faeces; whilst it will render the descent of the uterus within the pelvis a matter of impossibility. This pessary will also be found useful in other affections of the uterus, and its appendages.—*Dub. Jour. Med. Science, Mar. 1840.*

[In a discussion on this subject in the Dublin Obstetrical Society, Dr. Churchill says that he]—Should not *a priori* have supposed that the apparatus used by Dr. Halpin would have served his purpose, as he should have imagined the bag would have become distended as much towards the neck of the uterus as towards its fundus. Dr. Beatty agreed in the principle that a dilating bladder expands in every direction it can; he thought, therefore, in the case detailed, it did fill up the vagina at every point; then the question was, whether the distending force being continued, it would tear the vagina at its anterior part, or force up the fundus. The latter being found easier to effect, the fundus yielded, and the organ was restored. Dr. Beatty then alluded to the interesting case

detailed by Mr. Baynham in the 'Edinburgh Medical and Surgical Journal,' a case in which, having found all ordinary means fail, he punctured the uterus through the rectum. The woman aborted twenty-five hours after and recovered. He thought the operation worth recollecting; one point connected with it he considered interesting, in consequence of the discussion then going on in Dublin, with respect to the situation of the placenta; namely, that when the ovum was expelled, the placenta was found pierced by the trocar at the part which corresponded to the fundus uteri. She was then in the sixth month of her pregnancy.—*Ibid, May, 1840.*

TREATMENT OF RENAL DISEASE.

BY DR. BRIGHT.

DR. BRIGHT concludes a long but interesting paper in the Guy's Hospital Reports, with the following observations which seem to contain the outline of his treatment of Renal Disease.—In concluding these observations, I may revert to the first object for which they were written; and trust that it will be collected from the various cases which have been adduced, that the conviction so often expressed, that the disease upon which the secretion of albuminous urine depends is in its commencement functional, is fully borne out; and that as long as it continues in that state, it is capable of cure, or of relief, by various means. I have already, in a former paper, spoken upon the means by which this relief is to be administered, so that I shall here only briefly touch upon one or two points. In the first steps, and the more acute forms of disease, bleeding may be considered the most important remedy; but this is, of itself, wholly inadequate to cure, unless we purge freely, and at the same time call upon the skin to do its duty. Of all the measures for effecting this latter purpose, the strictest confinement to bed is the most effectual; and without that, I do not believe that, in this climate, we have a chance of cure. That preliminary, however, being adopted, antimonials are probably the best diaphoretics; but the liquor ammoniæ acetatis is likewise very useful; and a simple saline draught of citrate of potash or soda is, I believe, when diligently persisted in, of much avail; and the warm bath, in its various forms, may in many cases be brought to act most beneficially.—Amongst the purgatives, I shall only mention, that elaterium and jalap, with the bitartrate of potash, appear to me the most effectual. When the disease has made further progress, and has become chronic, perhaps organic, I should still recommend the greatest attention to the full effects of purgation, and to the state of the skin, and to protection from atmospheric changes; and I am more and more impressed with the probability, that if a complete change of climate were tried, great benefit might result. A voyage to the West Indies, and a residence in one of the more healthy islands, often produce a great change in the constitution, acting chiefly upon the pores of the skin. We have, at least, the negative experience, that confirmed cases rarely recover in this country, whatever treatment may be adopted; and the skin being always more or less inactive, suggests most forcibly a change of climate as likely to promote its function. It is the doubt and uncertainty with which this disease is often viewed, that interferes with our recommending this bold measure, or, if recommended, interferes with its adoption; and I trust that the perusal of a few such cases as I have brought forward on this occasion will assist in producing a conviction of the actual existence of this disease, and of such an approach to incurability by any means we at present possess, that a

physician should feel no more compunction in recommending the expatriation of his patient with albuminous urine, than he should in a case of incipient or threatened phthisis. There are certain remedies, whose actions in this disease are less obvious than those to which I have referred; but many of them probably act by affording a degree of stimulant or astringent action to the kidney: of these I may mention the mineral acids as applicable in the declining stages of more acute attacks; the uva ursi, in its different preparations, in the chronic disease; the pyrola umbellata, and the diosm acrenata, where great irritability of the urinary organs exists—a remedy which I have been led to adopt, in many cases, from the very favourable reports of Sir Benjamin Brodie: nor have I been disappointed of some good effect, though I should perhaps employ with greater confidence a long-continued course of soda, conium, and uva ursi. One thing, however, must be kept in mind, that whatever remedy is given to overcome a disease so chronic and confirmed, must be administered with exemplary patience and perseverance.—Dr. Barlow, one of the editors of these reports, strongly recommends tartarized antimony in this formidable disease; with respect to which he says:—"It is not merely as a diaphoretic that I would recommend the tartar emetic in the acute form of this disease; it is on account of its power of lowering the heart's action, as well as 'its local effects upon the capillaries, when it reaches them through the circulation;' whereby it diminishes the inflammation in the superficial capillaries of the lining membrane of tubuli uriniferi; for that such a state of the tubuli exists in the early stage of the disease is, I think, made apparent by the condition of the kidneys, in all the recent cases which have been examined. With regard to the dose of the remedy, I would observe, that where the pulse is hard and full it may be given in such doses as in the first instance to produce nausea; but where there is a low state of the system, the antimony may be given in smaller doses, frequently repeated, so as to reach the capillaries without producing depression. I have never found it necessary to give more than half-a-grain at a dose to an adult; neither have I attempted to push it to the greatest extent possible;—the object not being to give heroic doses of the remedy, but, if possible, to cure the patient.—At the same time, I cannot conclude without hazarding the expression of the belief, that the chance of recovery may in some measure depend upon the particular tissue of the organ affected; for it is by no means improbable that there may be varieties of the disease, as different in that respect as pneumonia and bronchitis.

QUACKERY—SALE OF QUACK MEDICINES BY PRACTITIONERS.

DR. COWAN'S REPORT ON QUACKERY.

"Although your Committee, in presenting their second report on Medical Empiricism, have comparatively but little additional information to communicate, they still find it their duty to submit the question to the renewed consideration of the members, at the same time congratulating them upon the ripening and encouraging prospects that one of the great objects for which they are united, viz., providing increased security for the public health, and maintaining the honour and respectability of the profession, has, during the past year, approached still nearer to its attainment.—The subject of medical reform has never before attracted such close, such universal attention; nor has there ever yet been so extensive and harmonious an effort for its ac-

complishment among the members of the medical profession.—The great importance of the question, in a national and corporate point of view, has called into existence a series of Associations, more extensively ramified and combined than has hitherto been the case in any period of our history; and the suppression of empiricism has necessarily become one of the most prominent and leading objects.—Under these encouraging circumstances, your Committee have again purposely refrained from presenting for your adoption any special anti-empirical regulations, deeming it most prudent and desirable not to distract the attention from the more general question of medical reform, believing that until this has been established upon a firm and liberal basis, the system of quackery can never be more than partially and inefficiently assailed.—Your Committee would also earnestly recommend that all minor differences of opinion, all accessory points should, in this the dawn of our efforts be overlooked or postponed, and that one common and energetic expression of resolve, as to the leading outline of our demands, should for the present be alone heard and insisted upon; leaving to the future executive bodies, which Government may see fit to appoint, the discussion and arrangement of subsidiary details.—The British Medical, the Irish, the North of England, the Glasgow, the East of Scotland, and the Nottingham Associations, have already coincided in their general demands, as regards the future education and government of the profession; and it is to be hoped that the Provincial Association will lend its powerful assistance to the cause, and cordially unite in the promotion of similar views.—Your Committee would particularly congratulate the members upon the example of anti-empirical legislation which the Vaccination Bill presents. It practically realizes the measures which, at an earlier period of our proceedings, your reporter ventured to propose for the suppression of quackery; and it at once involves and exemplifies the principle, that Government ought and can interfere for the preservation of the public health; while the Act also becomes practically efficient by the brevity and cheapness of the process.—A similar measure, directed against unqualified practitioners, and against the sale of stamped medicines, at present permitted, would perhaps secure all in the power of mere legislation to accomplish; and there is at least an equal if not a more urgent reason why the abuses alluded to should be subjected to summary and penal restriction. Of the utter inadequacy of existing corporations for the protection of the public from the arts of ignorant and unprincipled adventurers, no stronger proof can be advanced than the fact that a deputation of the British Medical Association lately waited upon the solicitor of the Apothecaries' Company, presenting him with a list of men in the metropolis, who were daily and hourly infringing the Apothecaries' Act of 1815. This gentleman refused to carry the law into effect, on the ground that as each prosecution would cost from £150 to £200, it was impossible for the Company to do it. On a memorial lately presented to the Secretary of State by the Medical Association of Ireland, it is affirmed, that some of the dispensaries of Ireland, which are supported at very considerable expense to the country, are intrusted to persons who have received little or no education. "The services of medicine (it goes on to observe) are required in both the civil or criminal judicature; but singular and barbarous as it may appear, it is no less true that neither the written statutes nor the opinion of the judges define who are to be recognised as the administrators of those services; and while the letter of the law is apparently com-

plied with, by the reception of the evidence of any man who chooses to assume the medical character, its spirit is frequently evaded by the attribution of that character to persons altogether destitute of any right, nominal or legal, to its possession. Coroners and other magistrates can and do commit accused persons to gaol solely on the testimony of witnesses whom those officers may choose to consider medical; juries pronounce capital convictions and decide questions of inheritance upon similar grounds; and inoffensive members of society are torn from their homes and incarcerated in lunatic asylums upon the certificate of any man who chooses to call himself a member of the medical profession." A statement was made to Lord John Russell, when Home Secretary, that out of 1830 practitioners employed under the Poor-Law Amendment Act, 327 had not been examined in surgery; 323 had not been examined in medicine; and 233 had not been examined *at all*! But our anomalies as a profession do not rest here; for not only are there no means for securing a settled educational qualification for medical men, and for preventing all others from undertaking the responsibility of practice, but it is a fact that the great majority of prosecutions for medical malpractice in Ireland, and many of them in England, are directed against the qualified and respectable members of the profession. These are frequently exposed to the most vexatious interference, to offensive and often ruinous lawsuits, while the death-dealing quack drives a prosperous trade, with all the security and publicity afforded him by Government stamps, a mercenary press, and a credulous public. While the graduate of our Universities cannot dispense his own medicines without the risk of the punishment and expense of a legal process, the most ignorant and unprincipled charlatan can circulate with impunity his baneful nostrums, and tamper as he pleases with the health of a medically unprotected population.—When it is recollected, in addition to the preceding startling facts, that there are more than 600 stamped nostrums now circulating, and that not less than £350,000 pounds a year is expended upon their purchase, besides the very large amount received by the chemists and druggists for the medicines they unlawfully prescribe as well as dispense, it becomes impossible to estimate the aggregate of injury which must result, nor can we too highly appreciate any means by which such a system may be materially controlled.—Some faint idea of the injury inflicted by the ignorant administration of medicine may be given by the fact, that out of 543 deaths occurring from poison, and on which inquests were held, during the years 1837 and 1838, nearly one-seventh, or 72 resulted from the administration of opium to children alone. The Coroner of Nottingham stated that 'Godfrey's Cordial' is given to children to a great extent, and that he had no doubt whatever, that many infants are yearly destroyed in that borough, but who, dying off gradually, never come under his notice officially.—There can be no doubt that this observation is too literally the truth, and that the published instances of the evils resulting from empirical practices bear no proportion to the real number of lives which are thus annually sacrificed.—It is indeed a singular anomaly that England is the only European country which is devoid of a medical police, and in which the public health is almost wholly unprotected by law. In Russia, France, and Germany, persons are especially appointed to superintend so important a point, and to report on all causes by which the health of the population may be influenced. All measures therefore of individuals whether dictated by ava-

rice or ignorance, must be made compatible with the public safety; and it is a just cause of national reproach that England should be destitute of such wholesome and necessary regulations. The principle that the lives of her Majesty's subjects ought to be considered of as much value as their property, one would scarcely expect to have found struggling for its practical adoption in the 19th century.—It is practical folly to suppose that quackery can be effectually diminished by other than legislative prohibition, and while personal efforts should be made, and encouraged by those morally bound to do everything in their power for its extinction, viz., by the members of the medical profession, yet your Committee would earnestly insist upon the importance of medical men directing all their energies to secure such powers in a general measure of reform as may enable the executive body effectually to interfere."

[The report concluded by regretting that the charge of direct or indirect quackery was too often truly attached to many members of the profession, in being connected with the sale of quack medicines, as was the case with the Liverpool Apothecaries' Company; it also condemned the system of medical certificates, as engendering avarice; suggested the propriety of instituting analyses of injurious quack medicines, at the expense of the Association, whereby the mystery of these deleterious compounds would be done away with; and after recommending a general and vigorous exertion on the part of the profession to enlist the right-thinking portion of the community on the side of real science, suggested that all local details illustrative of the history and workings of quackery should be forwarded to the Central Committee, thus placing in their hands a mass of facts on which measures for its suppression could be properly adjusted.]

The Learned Doctor then took the opportunity of stating that at the last year's anniversary of the Association at Liverpool he had charged the Apothecaries' Company of that town with the sale of quack medicines, and he had said that those who connived at those practices were doing wrong. His assertions were then contradicted by several persons, and met with a flat denial from one professional gentleman; and in obedience to the request of the Chairman he had not then followed up his charge. Since that time, however, he had taken considerable pains to make himself acquainted with the facts of the case, and he would now again bring them before the Association. In a communication he had received from Dr. Duncan, it was stated that the Apothecaries' Company had adopted the sale of quack medicines purely on the ground of self-defence, urging as an excuse that as long as druggists were unrestrained from doing so, their Company must either follow their example or give up their primary source of support! Now this was the lamest argument he had heard for some time; for why should one party be justified in doing wrong because another did? But to show the benefit which the last year's agitation on this subject had produced, he would just mention that the Liverpool people, finding they had been doing unprofessional things, had now come to the resolution that the sale of patent quack medicines was unjustifiable, and that it be henceforth stopped. (Immense applause.) So the Association would perceive that there was nothing lost by agitation. Another little proof that the question was gaining ground had reached him from Cheltenham, in the shape of a declaration from a druggist in that place, that he was convinced of the impropriety of selling quack medicines, and was determined henceforth to give it up. (Laughter.)

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Medico-Chirurgical Review, No. 67, Edited by James Johnson, M.D., &c., &c., and H. J. Johnson, Esq. (In Exchange.)

Southwold and its Vicinity, Ancient and Modern. By Robert Wake, M.R.C.S. Simpkin and Marshall.

M.D.—It appears by a Parliamentary Return, dated 5th July, 1836, that the number of pauper lunatics in the county of Kent was at that time 235; of that number 136 were confined in the county asylum, 29 in private lunatic asylums, and the remainder, 70, were under the care and management of the guardians of their respective parishes. The population of the county, taking the census of 1831 as the standard, was 479,155, making the proportion of lunatics, according to the then government calculation, as one to 2039 of the entire population.

ANTI-QUACKERY.—When this Journal first made its appearance, one of the claims put forward for the support of the profession and the public, was a determination to expose quackery in all its Protean forms, and to follow its professors through their meandering courses until we succeeded in laying their pretensions to distinction, and their infamous practices, naked to the world. On reference to the past numbers of the 'Medical Times,' the unflinching way in which we have carried out our good intentions will at once be apparent. We have neither swerved right or left, but have in a straightforward manner attacked quackery in its den, and this we shall continue to do until we have unkennelled the mountebanks, and for the benefit of mankind, utterly destroyed quacks and quackery, professional and vulgar.

If A SUBSCRIBER, MERTHYR, will send his address, the information shall be sent by post.

G. H. has our thanks for his information, although we could not attend.

DELTA.—Why does he not favour us with a letter?

R. SUTCLIFFE shall have a note by post as early as possible.

Advertisements must be sent by Wednesday afternoon.

D.—A letter at our Office.

A STUDENT will find the information he seeks in our Students' Number.

MIDDLESEX HOSPITAL.—A pupil writes to direct attention to the gross abuses still existing at the Middlesex Hospital. In the prospectus it is stated, that Clinical Lectures will be delivered on Medicine, by Drs. Hawkins, Watson, and Wilson; now Dr. Watson has delivered two clinical lectures, Dr. Hawkins one during the session, and Dr. Wilson never gave a clinical lecture the whole time he has been Physician to the above institution.—The very same complaint can be made against the surgeons. Mr. Tuson has never given a clinical yet, during the whole period (now six years) he has been surgeon to the hospital.

J. J.—It was upon a vote of £5000 being proposed by Ministers, for the London University, that Mr. Hume made the observations contained in another column. A better delineation of a truly corrupt monopoly could not have been drawn.

Z.—Yes, there are accounts of the Meeting of the Provincial Association in the Hampshire and Worcester papers, but the abridged and hurried report in our last, is nevertheless more accurate, as far as it goes, than that now sent; for some of the best, at least most humorous, incidents and events are altogether omitted, no doubt at the desire of the council. We also intend to print the more important papers read. The 'Lancet' leader of Saturday, August 1st, contains the same charge of inhospitality against the Southampton folk as our report.

W, B.—It shall be done.

MR. COLLINETTE.—They are not quite ready yet; as soon as they are, he shall have full particulars.

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THE MEDICAL TIMES.

WHAT HAS THE SESSION DONE FOR US?

GOVERNMENT, according to the admission made by Mr. Fox Maule in the House of Commons, some short time ago, "intrusted the whole of the business of Medical Reform,"—the result displays how *properly*—"to Mr. Warburton;" and in order that no mistake may be fallen into as to the present position of affairs, it may be well to give an epitome of the conduct of the *Hon.* Member for Bridport during the present session, which session we believe terminates its labours on the 13th of this month. When we have done this, let every Medical Reformer give the verdict which his head and heart shall prompt.

In forming our conclusions as to the conduct of Mr. Warburton, we must not fail to remember, that the session just ending is but the counterpart of six previous ones; that in 1834, a Committee of the House of Commons demonstrated the evils under which the profession laboured; that during that inquiry, Mr. Warburton received the thanks and support of the Medical Reformers, in consequence of his volunteered services in furthering a measure for removing these grievances, and that having obtained, by such pretences, the confidence and influence of the profession, he used them to advance—not Medical Reform, not the well-being of the profession, or the advancement of the public health and security, by the suppression of empiricism—but he used the so-gotten influence to advance the interests of the joint-stock College in Gower-street, and to elevate above par his shares in that losing speculation. The weight and influence which the medical profession gave to Mr. Warburton, raised him from the obscurity which would otherwise have invested him as the sparingly-gifted representative of a petty borough.—As the recognised representative of a most useful, and highly edu-

cated body of the community, Mr. Warburton gained influence in St. Stephen's, and that influence he has on every occasion used to advance his individual and interested views. The profession raised him to a position which he in no other way could have obtained—a position which he had not talents individually to have achieved, and, which the event has too clearly shown, he had not honesty to deserve.

The session was already growing old, when the calls of his supporters, whose six-years' patience was rapidly expiring, forced him to say something. Up to this late period not a word had been started about Medical Reform on the part of Mr. Warburton; and his friend and fellow-reformer, Mr. Wakley, had kept as obediently taciturn as an unborn lamb.—But after the six years' hybernation, on May 20th, 1840, Mr. Warburton awakes, opens his eyes, and discovering that "what with existing notices, what with race week, and what with Whitsuntide week (laughter), no day open for his motion until the 16th of June, for which day he would give notice of a measure—when he intended (?) to move for leave to bring in a bill, and then move that it be referred to a Select Committee."—In the due course, this 16th of June arrived, and, as had been anticipated, by parliamentary men, the House was—COUNTED OUT!

Nothing was further said about Medical Reform until June the 23rd, when Mr. Warburton gave notice, that on the 1st of July following he would "move, that the House should resolve itself into a Committee on the subject of Medical Reform."—July 1st also arrived, it was a Wednesday, when, at four o'clock up starts Mr. Warburton, to move that the "House be counted;" only thirty-five members were present. This was very characteristic of the *Honourable* Member, for this self-same evening, Sergeant Talfourd was to have brought forward his oft-foiled Copyright Bill, and Mr. Warburton had worked the oracle to defeat the lawyer. Having settled these things satisfactorily for this purpose, he gave notice for the medical motion, certain of either counting out the House, and thus *burking both, or talking upon copyright to the exclusion of physic*. As we have seen he succeeded in his first plan, the House was—COUNTED OUT!

Be it understood, good reader, that no man is better acquainted with the stage trickery of the House, than our honourable friend, Mr. Warburton, is better acquainted with its customs, and when there shall be a House or no House at all—that is, when it can be "counted out."

On Tuesday, July 7th, he "postpones," without any assigned or assignable reason, for a fortnight, his bill with regard to Medical Reform. Things consequently quietly go on until July 21, when the House was again—"COUNTED OUT!"

On Wednesday, July 22, up starts Mr. Wakley—the farce having been previously settled—to ask his *Hon.* Friend "what he intends doing with regard to Medical Reform?" when Mr. Warburton quietly answers—nothing—"I shall not attempt to do anything more this session

than reading my Medical Reform Bill, for I despair (?) of doing anything so late in this session."—Why not have frankly stated, that as I attempted to do nothing, nothing has been done?—To finish our detail, this *not long-promised bill* was to be read on Tuesday, July the 28th;—the House was again—COUNTED OUT!

Thus stands the case, and thus we leave it for the verdict of the profession and the public.

ROYAL COLLEGE OF SURGEONS, LONDON.

The following gentlemen were admitted Members on Friday, July 31, 1840:—

Robert Brockman Newhouse.
John Samuel Evans.
Charles Thorngate Weston.
John Giddy Mitchell.
William James Dunsford.
Newton Blythe.
Thomas Marchant Tomkin.
Samuel M'Morris.
Evan Burnell Jones.
John Lister.

Admitted on Tuesday, August 4, 1840.

Edward Orange Wildman Whitehouse.
Thomas Henry Black.
William Dawson Blades.
Richard Rickman Shillito.
Andrew Tucker.
John Fox.
George Smirthwaite.
Andrew Bogle Middleton.
John Beever.
Edward Stephen Emmott.
John Davies.

COLLEGE PRIZES.—*Jacksonian Prize of Twenty Guineas.*—The Prize Subject for the year 1841 is, *Injuries of the Thorax, and Operations on its Parietes.*—The conditions are, that Candidates be Members of the College, not of the Council.—The Dissertations to be in English; and the number and importance of *original facts* will be considered principal points of excellence. Recited cases to be placed in an Appendix.—Each Dissertation to be distinguished by a motto or device; and accompanied by a sealed paper, containing the name and address of the Author, and having, on the outside, a motto or device corresponding with that on the Dissertation.—The Dissertations to be addressed to the Secretary, and delivered at the College before Christmas Day, 1841.—The Manuscript Prize-Dissertation, and every accompanying drawing and preparation, will become the property of the College.—Those Dissertations which shall not be approved, with their accompanying drawings and preparations, and correspondent sealed papers, will be returned upon authenticated application within the period of three years; and those manuscripts which shall remain three years unclaimed, and every accompanying drawing and preparation, will become the property of the College; at which period their accompanying papers, containing the names of the respective Authors, will be burned, unopened.—There are two Prize-Subjects for the present year, 1840, viz., *Nævi and other Erectile Tumours—their Structure and Treatment*; and *Hæmorrhage, spontaneous and accidental—the Nature and Treatment*. These Dissertations must be delivered at the College before Christmas Day next.

Collegial Triennial Prize of Fifty Guineas.—The subject for this Prize is, *The Structure and Functions of the Lungs.*—Candidates to be Members of the College, not of the Council.

The Dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the Author, and having, on the outside, a motto or device corresponding with that on the Dissertation.—The Dissertations to be addressed to the Secretary, and delivered at the College before Christmas Day, 1842.—The Manuscript Prize-Essay, with every accompanying drawing and preparation, will become the property of the College: the other Dissertations, and their corresponding sealed papers, will be returned upon authenticated application within the period of three years; after which period the papers containing the names of the respective Authors will be burned, unopened, and the Manuscripts will become the property of the College.

ETHICAL OR INTERNAL REFORM OF THE MEDICAL PROFESSION.

"For the dull world most honour pay to those,
Who on their understandings most impose."—GARTH.

WE shall now turn awhile from External Reform, or the Reform of the Polity and Institutions of the Profession, to the subject of Internal or Self-Reform, or, in other words, the reform of the private, social, and domestic abuses of medical practice.

We shall earnestly urge the profession, for its own sake, to scrutinize deeply and faithfully its own maxims and conduct; to apply safe and sound moral tests to both; to correct and purify, as far as possible, its own blemishes and vices; and try to obtain a more honourable, estimable, and elevated position, than it now possesses in the eyes of the moral, thinking, and principled part of society.

"Passion for the honour of a profession," says Dr. Johnson, "like that for the grandeur of one's own country, is to be regulated, not extinguished."

The motives by which we are directed, in considering this subject of Internal Reform within the profession itself, are these:—Professor Alison, in his admirable pamphlet, lately published, showing statistically the extreme poverty of the Scottish people, who are compelled to live upon half-a-crown a head per week throughout that country, and in allusion to the conduct of the sick, observes, that there is no human heart so pure, but that it has a bad seed sown in it. Others have long since admitted, that there is a good and bad, a white or black side of the human heart. Byron says "we must look into the human heart to read the hell that's there." Swift, the ambitious Dean, who never wrote or preached, but "he a rich tiara caught," who, as his critics say, "was the wittiest man and most popular writer in Europe," in his own time, and perhaps since, says, in his inimitable 'Art of Pseudology, or Lying,' that there are two sides to the soul, "one plain which belongs to God, the other cylindrical, which belongs to the devil." The latter side is always widest and largest, particularly in country towns and neighbourhoods. As there are two sides to the human heart, so we conceive that there are in the profession of medicine two or more kinds of men.

It seems to us that there is one kind of men, who having the cylindrical side of the heart more developed than the concave, and having more brains for the exercise of their trade and craft than for their art, act upon this principle; that in proportion to the mental weakness, credulity, delusion, and folly, in human nature, so should be the knavery, imposition, and fraud, invented and practised by them to profit themselves by the weak points of human character.—There is, on the other hand, those who, having the concave side of the heart more developed than the cylindrical, like Arbuthnot,

knew their art better than their trade, and conceive that in proportion to the various maladies and misfortunes of human nature, and the broad sympathies and benevolence which they cherish, their science and skill ought to be exerted in a liberal, honourable, and candid manner, and rewarded according to their diligence and attention, and the circumstances of the case without duplicity or bad faith on either side.

The cylindrical kind consists, for the most part, of men who either despairing of success in a highly artificial, sophisticated, and luxurious state of society, like that which Cato, Horace, and others describe as preceding the fall of Rome; or inwardly doubting their own mental and moral resources, hesitate to contend firmly, honourably, and openly, in the field, and rely more exclusively for obtaining a livelihood, competency, or fortune, in superior cunning and the disingenuous means of artifice, chicanery, and what was anciently called the *ASTUTIA MEDICA*!

The concave kind, confident in their own powers and capacities, their own industry, perseverance, and skill, start upon the sole principle of obtaining fame by science and knowledge, by fair, honourable, and ingenuous manners and conduct. But, most unhappily for the character of the country and profession, these men are ever the slowest, perhaps the most uncertain to succeed, but the surest to last. No man ought to despair, because he may lie the longer for integrity and soundness of conduct, on the sunless and cheerless side of fortune. There is "a time and chance for all," and "a tide in the affairs of men!"

Of the cylindricals and concaves various opinions and representations are offered by the fathers and great lights of the profession, during the three thousand years that physicians have existed. Hippocrates, has noticed both, by which we have a proof that sin and virtue, quackery and honesty in medicine, are very ancient, and that nothing is good merely because it is *old*.

"Honourable men," says the celebrated Professor Gregory, of Edinburgh, "are not the *most numerous* in any profession. Some impelled by necessity, some stimulated by vanity, and others anxious to *conceal ignorance*, have had recourse to various mean and unworthy arts to raise their importance among the *IGNORANT*, who are always the *most numerous* part of mankind." "Some," says Gregory, on the other hand, "act with candour, with honour, and with the ingenuous and liberal manners of gentlemen. Conscious of their own worth, they disdain all artificial colourings, and depend for success on their real merit. But such men are *not the most numerous* in any profession."

He then says, that "the cause of the obliquities of the profession is, that a body of men, who live by medicine as a profession, have an *interest separate and distinct* from that of their art." That "interest," we opine, according to Horace's maxim, is to get money, to get it by fair means if you can, and, if not, to get money at any rate. Another reason for the natural obliquities of the profession is, that it is a close and not an open calling.

The two Gregorys both entertained a low opinion of that profession which, as teachers of medicine, they so highly dignified at "Auld Reekie." The first spoke of medical men more censoriously than the second. The second says, "Physicians are neither better nor worse than the rest of mankind"—an opinion now generally given of the *clergy*. Both these professions and others are generally influenced by the same motives of action.

Speaking, however, of the better brothers of

the profession, Professor Gregory observes: "There is a conscious dignity about genius, which renders those who possess it equally superior to the suggestions of envy, and the low arts of dissimulation; where there is real genius and talent, there is generally liberality of sentiment and conduct, which is never found among men who exercise medicine as a trade, and in any fashion but that of gentlemen."

Speaking of his own time, the gold cane, cocked hat, and the several fashions of coxcomical costume, he continues: "Experience has clearly shown that solemn snares for the public have been most used by the most ignorant and most impudent of the profession, with the result of frequently supplanting real worth and genius, and so far from supporting the dignity of the profession, have often exposed it to ridicule and contempt."

Several eminent writers, in past and present days, have written in a similar spirit on these contrasted characters of the profession, and ridiculed the motive and conduct of practisers who have deviated from that "propriety and dignity of conduct which are essential to the character of a gentleman."

Our general authors of the first class have invariably amused us with their humorous sarcasms on the morals and manners of the "Black Sheep" of the Medical Profession. The reflections of Lady Mary Wortley Montague, Smollett, Fielding, Le Sage, Rochester, Vicesimus, Knox, Southey, Crabbe, the great Enchanter of the North, Bulwer, and several others, comprise some close and amusing portraits, particularly of pompousness, egotism, and self-prepossession. The two famed Italian writers, Petrarch and Boccaccio, deserve mention for their strictures on Physicians; but above all Molière, who, in his 'Medecin malgré lui,' and 'Malade Imaginaire,' diverted his spleen most powerfully at the expense of the profession. A multitude of medical and other writers have criticised the state of the profession within the last thirty years. "Certain persons," says a Thunderer, July 25, 1829, "and those not a few, within the last twenty years, have contrived to become enrolled among the members of the medical profession, whom neither education, nor knowledge, nor talent, nor honourable feelings, have fitted to belong to any decent, much more to any gentlemanly society." The same powerful medium at that time, remarked in 1838, that "the state of the medical profession in England was worse than in France, Italy, Germany, regions which, in the fulness of contented ignorance and arrogance, Englishmen generally are accustomed to look down upon, as in all points less enlightened than themselves. In fine, we believe this to be the sober truth, that the whole profession in London, and, if in London, the country also, which takes the tone from London, is degraded into a mere money-making trade, having no characteristic of virtuous and humane compassion, or of lofty or generous ambition, and being in a great degree composed of men, and governed by maxims disgraceful to the art itself, and most frightful in their consequences." These severe strictures are not correct in application to the "whole" profession. Those are, indeed, very many excellent exceptions, upon which, by-and-by, we shall speak most emphatically.

"Your country towns," said Napoleon on board of the Bellerophon, shaking his head and laughing heartily at O'Meara, "are full of Molière's doctors," meaning, no doubt, a class of "medecins malgré lui," or mock-doctors, with wonderful merits like those of Gregory, the woodman, in Fielding's 'Doctor-Apothecary,' an imitation of Molière. The people suddenly discover, by a fine ocular discrimination, like that of pigs, which are said to see the wind, re-

markable merits of such a man as this. They create him a doctor *par excellence*, drub him for his obstinacy if he resists, and "in spite of himself compel him to admit that he is not only a physician, but an apothecary too, the greatest physician that ever lived, who has performed the most extraordinary cures!" Persons of assumed and curious pretensions have certainly been objects of anxious and eager search in the country as well as in London, even within late years. But in England, the Routinists, in whom we abound, are not all quite so bad as Gregory, the woodman. The worst that can be said of them is, that they have had for the most part brown-bread and barn-door educations; and partly from this cause, and indifferent skill from nature, by the abuse of the lancet and mercury, with which they, in most orthodox manner, treat all diseases, perhaps kill as many as they cure. But the omniscient Napoleon was aware of this; for as he taunted at all bleeding, except by the sabre and bayonet, he used to smile at O'Meara's constant displays with the lancet, and broke out, "What! bleeding again? Ah! Doctor, more bleeding, always bleeding; ah! ah! you have bled the Admiral and all now!"—Ne fallare vide, nen quæ sunt parta saluti Vertat in exitium, non sola curâ medentis: or "Take care you are not deceived, neither let the active care of the practiser convert those things to destruction which have been produced for health!" The "medecin malgré lui," in the persons of St. John Long, and many other less notorious personages, have been actually verified. Fellows have been taken from all sorts of occupation foreign to medicine, to receive the deference of fashionable conceit and confidence in their practical powers, and have risen for all the world like balloons. Much has been said on these subjects by Dr. Beddoes, in his letter to Sir Joseph Banks, in the *Quarterly* and other journals, during these last ten years; by Sir Arthur Faulkner, in his 'Rambling Notes and Reflections on the Continent in 1827;' and in the last edition of Percival's 'Medical Ethics,' which, according to the statement of Dr. Reece, in the *Medical Gazette* of 1830, was attributed to Dr. Fosbroke, who has been before the medical profession 20 years, and received the creditable suffrages of the current standards of medical criticism. There is a curious similarity between the statements of Sir Arthur Faulkner and Dr. Fosbroke, as they appear to have been drawn from identical models. We shall avail ourselves of these and other graphic and amusing delineations of the medical family in our forthcoming sketches. There is much scattered matter of the same kind in various journals, of which we fear we cannot avail ourselves. Some have endeavoured to give a topographical statement and description of medical abuses. This endeavour to localize them, gives us in some measure the power of estimating the shade and degree in which they exist, and the state of the human understanding and intelligence in each several district or place. But we have gone to some length already and shall resume next week.

CURE OF HYDROPHOBIA.—A Dr. Bellinage, some short time since, published in the *Times* an account of an Austrian schoolmaster having discovered a remedy for this disease, which has been examined by the government, and as far as the experiments have gone, proved to be successful. The medicine is *Gentiana Cruciata*, taken internally, in doses proportioned to the violence of the malady; but there is also a surgical lancing of the frænum under the tongue, where the distemper first exhibits itself. The discharge of a viscous yellow matter is said to be essential to the cure; which is, however, effected even after the most dreadful symptoms.

LONDON UNIVERSITY.

IN the HOUSE OF COMMONS, on the vote for £5000 for the London University, MR. HUME begged to make an observation or two. He approved of the object, but he complained of the manner in which it was carried into effect. It was far too limited. He had understood that it was to be opened all parts of the country; but all the students, except medical, could not apply, except previously having the sanction of the Secretary of State. That, he maintained, was inconsistent, and ought not to be. With regard to these expenses, he thought them extravagant. The salary of the Secretary was £1000 a year, contrary to the recommendation of the Government, and was afterwards reduced to £600. Another act of the Council was objectionable; in August, 1838, they came to a resolution to appoint examiners, and to award the salary. The Government ought to have the power of preventing such abuses. It was however opposed, but it was two to seven. Circulars were sent to all the members of the Council to know whether they were willing to act as examiners, and Dr. Thelwell was the only one who refused.—(Hear.) How could these gentlemen meet when they had to fix the salaries for themselves and their neighbours?—(Hear.) He hoped the production of the minutes of the Council would lead to let in the light on their proceedings. He had the list of the examiners and the salaries they received, which he considered extravagant. The amount for 1841 was £3,221, to be divided among fifteen persons, who had but little to do. Professor Henslow got £50 for two examinations. He admitted that the abilities of men of science was not to be measured by pounds, shillings, and pence; still he conceived that these salaries were too great. Other professors received £250 a year, with but a few days employment. He could only account for these salaries from the fact that the parties themselves appointed the examiners, and fixed their own amount of remuneration. His great objection was, that persons were not admitted for examination, no matter from what school they might come. He hoped he would not have to complain of such conduct another year. Great allowances were to be made for the first day. He could not approve of the vote, but hoped greater economy would be pursued in future.—MR. GORDON said he complained that the Hon. Gentleman had referred to returns which were only made six weeks ago, and no other Member had an opportunity of consulting them. It was originally the intention that these gentlemen should be appointed as examiners, and who were on that account induced to accept the appointments. The candidates in medicine were this year doubled, and in the arts more than doubled, as compared with those of last year.—MR. HUME explained.—SIR R. PEEL said it was strange that the Senate fixed their own salaries.—MR. GORDON was understood to say that the salaries were confirmed.—MR. WARBURTON said the salary was named by the Senate, but confirmed by the Treasury.—SIR R. PEEL said it was a very extravagant remuneration for so small an amount of duty. This was said to be an infant establishment, but looking at the number of examiners, and the amount of salaries fixed for them, if these gentlemen appointed the examiners, and fixed the amount of their remuneration, he could only express his gratitude that these gentlemen had been so moderate, and that instead of twenty in number they had not forty, and that instead of £3,000, they had not £6,000.—The CHANCELLOR of the EXCHEQUER said, if the Right Hon. Baronet knew the parties and their high character, he would not consider the remuneration high. It was an infant establishment, and it was desirable at the commencement that persons of great reputation, whose endorsement, if he might use the term, of the diplomas would give weight to them, should be engaged. The labour was small at present, but he believed it would increase hereafter, so as to render the duties onerous.—MR. GOULBURN said that the salaries had increased in geometrical proportion, while the students increased but in arithmetical proportion.—MR. WARBURTON said, if Members wished that the number of the students

should increase, they should adopt the recommendation of his Hon. Friend (Mr. Hume), and throw open the institution to all. He did not consider the appointment of the examiners correct; he had opposed the power of the senate to nominate the examiners, and to fix these salaries. He thought it was a bad principle to adopt.

CLINICAL LECTURE BY M. VELPEAU,
DELIVERED AT THE HOSPITAL DE LA CHARITE,
PARIS, JULY, 1840.

Practical Considerations on Inflammation of the Veins, Absorbent Vessels, Cellular Tissue, and Skin.

GENTLEMEN,—To-day I mean to speak on Erysipelas properly so called, and passing over the history and symptoms of the disease, as subjects with which you are now well acquainted, I proceed to treat on the prognosis of this malady, which varies greatly in different cases of true erysipelas. It will depend on the nature of the internal cause producing it, and the intensity of the functional derangements which arise during its progress. If the exciting causes are not intense, and if there is no severe affection of any of the principal viscera, and the disease extends only on one side of the body, the prognosis is favourable; that is to say, the inflammation of the skin constituting true erysipelas does not endanger life, only becoming dangerous from visceral complications. Again, it presents different degrees of severity, according to the part of the body which is attacked; for instance, when the head, the thorax, or abdomen, or any great splanchnic cavity are implicated, the disease is more grave than when its seat is in the limbs.—The termination of the inflammation is ordinarily that of resolution, consequently the inflammation is not propagated in the subcutaneous cellular tissue, and therefore the simple is not transformed into the phlegmonous erysipelas. Metastases to the viscera often occur—and sometimes the erysipelas assumes the form of gangrene; but these phenomena are scarcely ever observed, except among children, old men, and in persons of lymphatic habit, or in the very worst cases. Ordinarily after three, four, five, or six days' duration, the surface becomes pale, yellowish, and the little vesicles, if they exist, dry, and the epidermis desquamates.—When a fatal termination is threatened, we see a constant and burning heat of the skin—delirium is manifested—the tongue is covered with a sooty fur—adynamia is evident—there are symptoms of serous effusion in the splanchnic cavity, and at last death follows. On the other hand, if a cure is likely to ensue, these severe symptoms vanish one after another—the heat gradually diminishes—the tongue becomes moist—the pulse becomes stronger—and convalescence often proceeds with surprising rapidity.

Before passing on, I shall say a few words on the pathology of erysipelas. At the commencement of the present century, erysipelas and inflammation of the skin were regarded as identical, but now we are more precise, and with much advantage. We find that the capillary vessels are the seat of the disease; but in one form the arterial capillaries are affected, in the other we have capillary phlebitis. Now, without going into this subject with tedious detail, I will just remind you, that in the healthy state it is impossible to distinguish the termination of the arterial, and the commencement of the venous, capillaries; the same difficulty occurs in their diseased conditions. But we assert, that capillary phlebitis exists in erysipelas, from the presence of pus in the veins. This, however, only proves one thing, that the disease is complicated with phlebitis, or diffuse suppurative inflammation, the simple and phlegmonous erysipelas being confounded with each other.—Now, has ever erysipelas its seat in the lymphatics of the skin, as M. Blandin has for this long time maintained? I have often expressed my opinion on this subject, and that is, that he has confounded true erysipelas with angio-leucitis. Without doubt the seat of erysipelas is in the substance of the skin, but as to the exact anatomi-

cal element of this organ which is affected, were we to determine this, we should be wandering in the field of hypothesis. In the actual state of science, we are obliged to define this disease in the following terms: *erysipelas is a special inflammation of the skin, commencing on the surface beneath the epidermis, and it does not become deeper, unless associated with angio-leucitis, external phlebitis, or the phlegmonous form of the disease.*

TREATMENT.—It is necessary to consider the confusion which prevails as to the different species of erysipelas, when speaking of their treatment. There are few diseases in which so great a number of remedies has been prescribed. You may easily convince yourselves of this by reading the thesis of M. Lepelletier, of Mans. It is ridiculous to say that any set of remedies will always cure, or will never cure—for if they are indiscriminately employed in all species of erysipelas, it is a matter of chance whether they do good or harm. Thus one mode of treatment, vaunted by some practitioners as essentially requisite in erysipelas, is regarded by others as utterly useless, and by others as highly dangerous. To take one example—some consider blood-letting as an excellent remedy, others as injurious. But without enlarging here, we will pass in review the principal therapeutic means which have been employed, and endeavour to determine their value.—*Blood-letting* must first fix our attention. For my part, I have had much experience in this disease, and I have no hesitation in saying, that I have never employed blood-letting, either general or local, at the commencement of erysipelas. Not to say that this means is always entirely useless, without doubt general bleeding ought to be employed where the patient is a young man, strong and phlethoric, but it must be moderated by the general reaction. It shortens the duration of the disease a little, but it does not stop it at its commencement, and this remark applies to all other modes of blood-letting. As to leeches, many authors have recommended them, and many surgeons have employed them, as they think with benefit. But they have employed them about the third or fourth day, instead of the first or second, and the disease terminating a day or two afterwards, they have attributed the cure to the bleeding; whereas, as we find in cases where they are not used, the disease at this time is at the point of terminating spontaneously. If they had applied them at the commencement of the disease, they would have found they had only a secondary influence. It is evident, also, that there are some cases where we cannot employ them, as in weak old men, and in young children of scrofulous habit, in whom they often produce prolonged and abundant suppuration, hæmorrhage, &c. Now, many practitioners prescribe the blood-letting, on account of the inflammation, but I have said that this inflammation is not to be feared in itself, it is only dangerous from its peculiar nature, and the alteration which exists in the functions essential to life. Indeed, the erysipelas which accompanies the most severe functional disorders is scarcely red, the surface of the skin being often nearly white, or with yellowish patches, and with vesicles, &c. This form is often more dangerous than when the redness is excessive; thus the inflammation of the skin in itself should not disturb us.

To conclude, as in all other inflammations, I prescribe blood-letting according to age, power, and constitution of the patient, and moderate it according to the reaction. I very rarely have recourse to leeches, but when I have, I apply them around the inflamed part; but I repeat, blood-letting never has the power of stopping erysipelas at its commencement.

MEDICAL OBITUARY.

At Northallerton, of consumption, aged 23, John Wilkin Jefferson, Esq., medical student.—At Eastington, Joseph Bridges Frankis, Esq., surgeon.—At Peterhead, Mr. Jamieson, Surgeon, aged 67.—At Ashburton, George Cutcliffe, Esq., Surgeon, aged 54.

OPERATION FOR STRABISMUS, PERFORMED AT KING'S COLLEGE HOSPITAL. BY MR. FERGUSSON.

ON Tuesday, the 28th, Mr. Fergusson operated upon a girl, about seven or eight years of age. She was of a highly strumous habit, and laboured under a squint of the right eye, the left also being slightly affected. The patient was placed in a recumbent posture upon the operating-table, having her head and shoulders elevated. Two assistants fixed the body, and one attended solely to steady the head. The operator commenced by introducing a silver speculum under the upper eyelid, which was thus kept elevated; the lower eyelid was held down by attaching to it a spring forceps, which by its mere weight effected this purpose. Seizing with another and similar forceps a portion of the conjunctiva, near the internal canthus, the eye was rotated outwards, and in the space thus exposed, the conjunctiva was dissected back by a blunt-pointed scissors until the internal rectus was reached. Attempts were now made to divide the muscle, but an unusual quantity of cellular substance which presented itself, and the wound constantly filling up with blood, prevented a clear view of the parts being obtained. Three attempts were made before the division was satisfactorily completed; in the last, the operator exchanging the large blunt-pointed scissors for one of a smaller size, and sharp pointed. The cellular membrane was reduced into the wound, and the divided surfaces brought into as close apposition as possible.—The eye, on examination, was straight, but she still possessed the power of rotating it downwards, and slightly inwards, through the action of the internal oblique. Mr. Fergusson operated with that coolness, neatness, and, we may add, *humanity*, for which he has so distinguished himself in the theatre of the Royal Infirmary of the Northern Metropolis.—In addressing the students, Mr. F. observed that there were several methods of operating, indeed that almost every surgeon had a method of his own. They might, however, be divided into two kinds—the one, that which they had now seen performed, where the scissors was alone used as the cutting instrument; in the other the conjunctiva is dissected back by a small scalpel, such as is commonly used for the division of tendons; the muscle thus exposed is raised upon a blunt hook, and divided by a curved scissors. Each he considered to have its advantages, but the first was that which he generally performed.—For our own part we would give the preference to the use of the scalpel, as rendering the operation more neat, more expeditious, and therefore less painful. We may also observe, with all deference to the opinion of the operator, that we consider it a somewhat dangerous proceeding to complete the division of the muscle by the scissors alone, as in the violent struggles of the patient there is much danger of wounding the sclerotic; by using the blunt hook the muscle is brought into view, and can be divided with ease and certainty. We feel assured, that had this been adopted in the present instance, it would have tended greatly to facilitate the operation. The manner of keeping down the lower eyelid is ingenious and efficacious, and allows the operator to have his left hand at liberty. The speculum, however, is a clumsy instrument, and takes up much space; the upper eyelid can be elevated as well by the finger of an assistant, and possesses the advantage of not encroaching upon the space to be cut into.

PETITIONS.—In the House of Lords on Friday, July 31, Lord Lyndhurst presented a petition from medical practitioners, praying for Inquiry and Medical Reform.

REVIEWS.

A Practical Work on the Diseases of the Eye, and their Treatment, Medically, Topically, and by Operation. By FREDERICK TYRRELL, Surgeon to St. Thomas's Hospital, &c. 2 vols. with Coloured Plates. Churchill.

FROM the Dedication of the work before us, we gather that Mr. T. offers his opinions on Ophthalmic Diseases, and their treatment, as the result of a long individual experience, and states that he has purposely avoided discussing the opinions of other authors, while he acknowledges having obtained much information from them. In his remarks on *general treatment*, besides the regulation of principal functions, great stress is placed on the necessity of promoting and maintaining a certain degree of power, as essential to establish a salutary local action; and it is sought to be shown, by illustrative cases, that severe local disease very frequently exists with, and is materially influenced by, a feeble condition of general power. The arrangement of the work deserves notice; it is as follows:—

Anatomy, Physiology, and morbid conditions of each texture.

Uniformity in treating each subject;—Definition—Synonymes—Local or subjective symptoms—Appearances or objective symptoms—Constitutional or general symptoms—Causes—Persons liable to—Modifications—Treatment of ordinary cases—Modified cases—Consequences—Combinations.

Mr. Tyrrell commences with the conjunctiva, and affords ample illustration of the principles advanced in the introduction. The subject of purulent ophthalmia offers a plan of treatment, of the principles of which Mr. Tyrrell gives an explanation, and offers proof of its efficacy in the result of the numerous cases he relates.

The constant failure of all ordinary modes of treatment, in the second stage of the acute purulent inflammation, when complete, led me frequently to close and attentive consideration of the subject,—and, eventually, induced me to adopt a plan for its relief, which has been most gratifying in its result; and at the same time, simple in its application.—I became satisfied, from careful observation, that the cornea did not lose its life from inflammatory action affecting its structure; and I also ascertained, by other morbid conditions of the conjunctiva and cornea, that the former was the principal channel by which the vessels of the latter passed, for its supply or nutriment; it was easy, then, to conclude, that the chemosis, by mechanical influence, produced an arrest of circulation, or strangulation of the vessels, in the conjunctiva, over the margin of the cornea and sclerotic; and that thus the cornea and its conjunctival covering, being deprived of nutritious fluid, lost their vitality.—The remedy that suggested itself to me, under these circumstances, was free division of the chemosed part, so as to relieve the tension of the conjunctiva, and to allow of the escape of fluid from the subjacent cellular tissue, and thus get rid of a great deal of that, which I conceived to operate mechanically, in obstructing the circulation of the cornea. My opinion, of the probable efficacy of this proceeding, was heightened by a knowledge of the excellent effect of a similar plan of treatment, in cases which I consider somewhat analogous; viz., in cases of severe phlegmonous inflammation of cellular tissue in other parts of the body; having often witnessed the arrest of gangrene and mortification, by making free incisions, in such cases, through the skin, and cellular membrane; which, no doubt, acts beneficially, by relieving the tension of the former, and by partially unloading the latter, and thus taking off a pressure which impedes or arrests the circulation.—I was aware that incision, and excision, of parts of the conjunctiva, had been suggested and effected, in the condition of chemosis; and, that the result of such treatment had not been very satisfactory; this want of success, however, appeared to me as a con-

sequence of the mal-application of the principle, and not from error in the principle itself; for the incisions in the membrane, and excisions of portions of it, had been generally made in a direction corresponding to the margin of the cornea, and frequently extended completely around it, but at a short distance from it; thus the vessels passing to the corneal portion of the conjunctiva, must have been in great part, if not, in toto, divided, and the supply of the corneal portion and cornea cut off, or nearly so;—the operation tended, therefore, rather to augment, than diminish the mischief, it was meant to obviate: this error arose from ignorance of or inattention to the anatomy of the organization of the part.—An attempt to relieve severe phlegmonous inflammation of the arm, by a circular incision through the integuments and cellular membrane, as in amputating, would, in my opinion, be just as likely to succeed, as the circular division of the conjunctiva, in the ophthalmic disease, now under consideration.—In the plan I proposed, the incisions were to be made through the sclerotic portion of the conjunctiva and its subjacent cellular tissue, beginning at the margin of the cornea, and extending towards the edge of the orbit, in a direction as rays radiating from a centre, but avoiding immediately the transverse and perpendicular diameters of the globe; that the larger vessels, passing to the cornea, might not be injured. The plan being decided upon, I soon had opportunity of carrying it into effect.

CASE.—The case was one of specific origin, (gonorrhœal,) affecting one eye, in a young man of robust make, and good constitutional power; the disease had reached the second stage, chemosis being complete, and the cornea generally hazy, but its surface brilliant, except at one spot at the nasal side near to its margin, where mortification had commenced, and the palpebræ were swollen, red, and tense;—the progress of the complaint had been so rapid, that the patient's first application for medical aid was to me at the Ophthalmic Hospital, when I found the affected organ in the condition that I have described. I immediately divided the chemosed conjunctiva in the following way; the patient was seated upon a low chair, and I stood behind him, so as to receive his head, when inclined backwards, against the lower part of my chest; I then carefully, and with as little force as possible, elevated the superior palpebra with the point of the fore-finger, (as in the operation of extraction of a cataract,) having the finger covered with a piece of fine linen, to prevent its slipping (one of my pupils depressed the lower lid); next, with a fine cataract knife, I divided the conjunctiva and the subjacent cellular membrane from the margin of the cornea, in a direction between the attachments of the recti muscles; making two incisions in each of these positions, or eight in all: in passing the knife, its point was made to penetrate the membrane, just over the junction of the cornea and sclerotic, and the back, or blunt part of the instrument, was opposed first to the cornea, and afterwards, as the incision was extended, to the sclerotic: thus there was little risk of injury to these important structures; and the chemosed part was divided from within to without. The chemosis was firm, the effusion being in great measure fibrinous. Immediately after the operation, the application of hot water by a sponge was freely made, and continued for ten or fifteen minutes: the part bled freely; the conjunctiva lost its bright carmine hue, and became of a pink colour, and somewhat flaccid, and the patient expressed himself relieved. Afterwards, I directed him to be bled, till the fulness and firmness of his pulse were subdued, but not to syncope (he lost about eighteen ounces of blood); and to take directly fifteen grains of the compound pill of calomel and colocynth, and two grains of calomel, with half a grain of opium, every six hours: he was to apply leeches freely to the palpebræ, if pain recurred, and to bathe the organ frequently with warm poppy decoction: he was to take only of gruel, tea, toast and water, or soda water, and a dose of salts, if the pills did not operate before bed-time. I saw him on the next day, and found that the disease was checked; the largest part of the cornea had recovered its transparency, but an oval spot, equal to about one-

sixth of the whole, was dead; the chemosis was much reduced, and the membrane more lax and pallid than when he had quitted me the day before: his medicine had acted freely on the bowels; he had applied a dozen leeches to the palpebræ in the evening before in consequence of some return of pain; he had taken three pills of calomel and opium, and had used the fomentation frequently; he had enjoyed several hours' good sleep, half reclined (as I had directed,) and was free from suffering; the secretion had become thinner and paler, but was still very copious; the tumefaction of the palpebræ had very much subsided, and their colour was purplish and dull. The same form of diet was continued through the day; he was kept in a darkened room, perfectly quiet; he used the poppy fomentation, and took his calomel and opium at night, and on the following morning. About forty-eight hours after I had divided the chemosis, the acute stage was annihilated, and I left off the calomel and opium, and only gave him a little mild aperient; I directed him to take a moderate portion of animal food, and to add some alum to the poppy decoction (a drachm to a pint), and to use a very weak preparation of citron ointment at night. At this time the discharge had become thin and white, the swelling of the palpebra and the chemosis were but trifling, and the mortified portion of the cornea had begun to separate. The patient recovered rapidly under a gradual augmentation of these means, and escaped with a small, dense, opaque cicatrix on the cornea, which did not interfere with vision.—The result of the foregoing case was extremely satisfactory and gratifying to me, for I had not previously seen one eye saved, in which the disease had made the same progress, but, invariably, under all the plans of treatment before exercised, the cornea had been destroyed.—Since the occurrence of the case which I have related, I have had numerous opportunities of testing the soundness and advantage of dividing the chemosis in a similar manner, and have found it successful beyond my expectations; indeed, it effects more than I had contemplated, for it prevents the necessity of severe general depletion, and saves the patient from the consequences of such treatment, which I have known to continue for weeks and months.

In the treatment of conjunctival affections, our Author generally disapproves of the use of powerful stimulants, thinking that they frequently augment the evil they are employed to mitigate.—Under *Cornea*, we find a description of a new modification of *Inflammation*, attended with vesication. Mr. Tyrrell does not believe that deposits take place in ulcers of the cornea from use of lotions or drops containing metallic salts, but considers the appearance described as such to be a morbid secretion of earthy character.—*Conical Cornea*. Mr. T. describes a means of relief, by changing the position of the pupil, which he considers novel, and which we shall endeavour to extract when space will allow.—The subject of *Iritis* is simplified, by showing that the divisions previously made are practically unimportant. In the treatment some useful observations on the use of mercury are given, which show that the remedy may fail, or prove injurious if not carefully administered.—The grey line sometimes observed at the margin of the cornea, and hitherto considered as indicating Rheumatic Iritis, Mr. T. considers as resulting from peculiar anatomical arrangement.

A Treatise on the Physiological and Moral Management of Infancy. By A. COMBE, M.D., &c.

[Third Notice.]

AGAIN we draw upon Dr. Combe's little volume, satisfied that the good sense manifested by the author will make welcome the frequent extracts from his book.

PRACTICAL ILLUSTRATIONS OF PARENTAL INFLUENCE.

THOSE, then, who desire bodily and mental soundness in their offspring, ought carefully to avoid in

intermarrying with individuals who are either feeble in constitution or strongly predisposed to any very serious disease, such as insanity, scrofula, cancer, or consumption; and above all, the *greatest care should be taken against the union of the same morbid predisposition to both father and mother*. Where any peculiarity of constitution is confined to one parent, and is not very strong, it may be kept in abeyance by a judicious marriage; but where its influence is aggravated by being common to both parents, the children can scarcely be expected to escape. I am acquainted with families, in which the consequences of acting in opposition to this principle have been not less deplorable than manifest,—where several of the children have fallen victims to scrofula and consumption, and others survived in idiocy, induced solely by the imprudent intermarriage of persons nearly allied in blood, and both strongly predisposed to the same form of disease.—In thus insisting on the necessity of greater attention to the law of hereditary predisposition, I do not mean that the actual disease which afflicted the parent will certainly reappear in every one of the offspring; but only that the children of such parents will be much more liable to its invasion than those belonging to a healthier stock, and consequently will require unusual care and good management to protect them against it. One of the chief advantages, indeed, of being aware of the nature and extent of the influence, is the power which it gives us of diminishing its operation by a system of treatment calculated to strengthen the weaker points of the constitution. Thus, if a child inherits a very scrofulous habit from both of its parents, and is brought up under the same circumstances which induced or kept up the disease in them, there is next to a certainty that it will fall a victim to some form or other of scrofulous affection, or will escape only after a long and severe struggle. But if timely precaution is exercised, and the child transferred for a few years to a drier and warmer climate, put on a proper regimen, and kept much in the open air, it may altogether escape the disease, and even enjoy permanently a higher degree of good health than either of its parents ever experienced.—A precisely similar result will follow in other cases of family predisposition. The excitable and capricious children of parents who have been insane, or are strongly predisposed to become so, will run great risk of lapsing into the same state, if brought up under circumstances tending to increase the irritability of the nervous system, and to call their feelings or passions into strong and irregular activity. Of this description, are excessive intellectual exertion, keen competition at school, over-indulgence, capricious contradiction, and confinement in close warm rooms at home. Whereas, if subjected from the first to a mode of treatment calculated to allay nervous irritability, and give tone to the bodily organization and composure to the mind, the danger in after life may be greatly diminished, and a degree of security enjoyed, which it would otherwise have been impossible to obtain.—It is then the *predisposition or unusual liability*, and not the actual disease, which is thus transmitted from parent to child, and against which we cannot too carefully guard. When we see individual features re-appear with striking accuracy in the offspring, we can scarcely doubt that other qualities of a less obvious kind descend with equal regularity.

Next to the direct inheritance of an infirm constitution, that derived from the
UNION OF PARENTS TOO NEARLY ALLIED IN
BLOOD,

is perhaps the most prejudicial to infant health, and its baneful effects are nowhere more strikingly shown than in the deteriorated offspring of some of the royal families of Europe, whose matrimonial choice is greatly more circumscribed than that of their subjects. They are, however, often observed in private life also; where very near relations marry who are themselves infirm, there is usually either no progeny, or one characterized by unusual delicacy of constitution.—The

PERIOD OF LIFE AT WHICH THE PARENTS
MARRY

exercises a great influence on the health and

qualities of the offspring. If the parents have married at a very early age, and before the full development and maturity of their own organization, the children are generally more deficient in stamina than those born subsequently and under more favourable circumstances. This, indeed, is one of the reasons why the children of the same family often present considerable differences of constitution and character, and why the first-born is occasionally puny in an otherwise vigorous race. Marriage, therefore, ought never to take place before maturity; because the system is not sufficiently consolidated for the labour of reproduction, and, as a consequence, both parent and child suffer from anticipating the order of nature. In this country, it may be stated as a general rule, that females do not attain their full development before from twenty to twenty-five years of age, and males between twenty-five and thirty. But, in defiance of this fact, it is not uncommon to encourage a precocious and delicate creature to marry at sixteen or seventeen years of age, at the manifest risk, not only of entailing infirm health upon herself and her future offspring, but of throwing away the best chance of her own permanent happiness. I am acquainted with more than one instance of this kind, in which the mothers died worn out by successive child-births, and the progeny was almost without exception infirm. In the case of the lower animals the principle is perfectly well known, and money being there at stake, special care is taken to prevent similar errors being committed.—Another cause of infirm health in children, which ought not to be overlooked, is *great disparity of years* in the two parents. When one of the parents is very young and the other already advanced in life, the constitution of the offspring is very rarely sound; but it is sufficient to call attention to the fact.—The next circumstance which permanently influences the health of the offspring, is

THE STATE OF THE PARENTS AT THE TIME OF CONCEPTION.

It is well known, that while all the children of the same family have a certain general resemblance, no two of them are exactly alike. The chief reason of this difference is, the unavoidable change in the state of the parents, induced partly by the lapse of years, and partly by external circumstances acting upon their bodily and mental constitution. After the evidence already given, it seems highly probable, that the offspring may be affected even by any temporary disturbance of health in the parents, about the time at which conception takes place. Anxiety of mind or unusual depression of spirits in the father, have been found imprinted in ineffaceable characters on the organization of the child; and not a few instances are known, in which idiocy in the offspring has been the result of accidental intoxication on the part of a generally temperate father. I have lately heard of an unequivocal case of this kind; and a stronger motive to regularity of living, and moderation in passion, can scarcely be presented to a right-minded parent, than the simple statement of their permanent influence on his future offspring. Many a father has grieved over, and perhaps resented, the distressing and irreclaimable follies of a wayward son, without suspecting that they actually derived their origin from some forgotten irregularity of his own.—Another and very influential source of delicacy in children is, a

HABITUALLY DETERIORATED STATE OF HEALTH IN THE PARENTS.

not exactly amounting to active disease, but arising chiefly from mismanagement or neglect, and showing itself in a lowered tone of all the animal functions, and a general feeling of not being well. Of all the causes of this description, perhaps the most frequent and deteriorating to the offspring is habitual indigestion. Sir James Clark has shown very clearly, in his admirable work on Consumption, that the appearance of scrofula in the families of persons not themselves tainted by it, is generally owing to the hurtful influence of dyspepsia in the parent, brought on and kept in activity by irregularities of regimen. It is in this way that many persons pass years of their lives in a constant state of suffering from “bilious” and “sto-

mach” complaints, induced solely by inattention to diet, exercise, pure air, cleanliness, or other equally removable causes, and unthinkingly turn over a part of the penalty upon their innocent offspring. Not aware of the real consequences of their conduct, they cannot summon resolution to give up the indulgences to which they have accustomed themselves, or to take the little trouble required for the preservation of their own health; and they are surprised when assured, that while thus trifling with their own comfort, they are sporting with the welfare and fate of those on whom their whole affections are one day to be centered;—yet such is the fact!

It is a very common saying, that clever men have generally stupid children, and that those of men of genius are little better than fools; and the inference is drawn, that the constitution of the father has very little influence on that of the children. I admit the fact that the families of men of genius are rarely remarkable for talent; but deduce from it a directly opposite conclusion, and maintain, that these very cases are proofs of the reality of the father's influence on the constitution of his descendants, and consequently direct warnings for our own guidance. If we consider for a moment the state of health and general mode of life of men of genius, what can be farther removed from the standard of nature? Are they not, as a race, enthusiastic, excitable, irregular, the sports of every passing emotion, and, almost without exception, martyrs to indigestion and often to melancholy? And are these the seeds from which nature has designed *healthy* vigour of mind or body to spring up in their offspring? Take into account also the influence of the mother, and the well-known fact, that men of genius rarely select the highly gifted in the opposite sex for their partners through life, and then say, whether high talent can reasonably be expected to emanate from parents, one of whom—the mother rises at best only to mediocrity, and the other—the father—falls temporarily to or below it, from sheer exhaustion of mind and broken health. Would it not rather be wonderful, if, in such untoward circumstances, the genius were to descend in unabated splendour even to the first line of the posterity? It is not from such materials that living genius has sprung, and never will be; for even were the child to inherit all the father's fire, he would receive along with it a morbid delicacy, and irritability of temperament, which would render it impossible for him to survive the period of early infancy. A genius might, in some favourable moment, be *born* to such a father; but he would die before the world could tell that a genius had lived. The circumstances in which the highest order of minds most frequently appear are, where the father is healthy and active, and the mother unites an energetic character with vigorous bodily health, or with some high and sustaining excitement animating all her mental and bodily functions. The mother of Buonaparte was of this description, and the mothers of most of our celebrated men will be found to have been more or less distinguished for similar characteristics; and, accordingly, how often in the biographies of men of genius do we remark, that it was the mother who first perceived and fanned the flame which burst into after brightness! Taking the whole circumstances, then, into consideration, the influence of the father, although often less strong than that of the mother, remains unquestionable, and the exception in the case of men of genius is not real, but only apparent from being imperfectly understood.

Dr. Arnold has announced his intention of resigning the situation of Physician to our Infirmary, which he has held with great credit to himself, and advantage to the patients, for a period much longer than that of any of his predecessors. The best thanks of the town are eminently due, and will doubtlessly be cheerfully given, to the worthy M.D. on his retirement. The appointment of his successor will be made at the general meeting in September next.—*Leicester Mercury*.

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drawn to the 'Medical Times' as a medium for announcements addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. THE PERMANENCY DERIVED FROM ITS PROFESSIONAL AND SCIENTIFIC CHARACTER, AND THE CIRCUMSTANCE OF THE ADVERTISEMENTS BEING CONTAINED IN THE BODY OF THE WORK, AND THEIR NOT BEING INSERTED ON A TEMPORARY WRAPPER, renders it, as a medium at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

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A Journal of English and Foreign Medicine and Medical Affairs.

No. 47. VOL. II.

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THREEPENCE.
STAMPED EDITION, 4D.

For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.
[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL PORTRAITS.

FREDERICK TYRRELL, ESQ.,

SURGEON TO ST. THOMAS'S HOSPITAL, SENIOR-SURGEON TO THE OPHTHALMIC HOSPITAL, AND PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE OF SURGEONS.

BEFORE Wakley had quite worn out the portion of intellect with which he was endowed—when he *really* edited the *Lancet*—and when occasional scintillations of a glowing wit enlightened the pages of the then lively, but now expiring periodical, Mr. Tyrrell was one of the victims whose flagellations afforded extreme amusement to the numerous readers who, at that time, subscribed to the *Lancet*, and he was at length offered up an unwilling victim at the shrine of the immaculate, under the euphonious appellation of SIMON PURE.—As was usually the case, Wakley had very little delicacy in the application of the rod; and as was *not* usually the case, he had full and sufficient cause for his anger, and a useful public end to attain by his ridicule. Mr. Tyrrell was one of those most strenuous in their endeavours to prevent the publication of lectures, or of anything which occurred within the walls of the hospitals; and then, in a spirit of the most unblushing plagiarism, after all his impotent efforts to trammel the press, he came out with an edition of Sir Astley Cooper's lectures, which he had coolly transcribed, with all imaginable ease, from the pages of the *Lancet*. He actually printed what Sir Astley had never delivered—sentences which had been invented by Wakley's paid reporter to render the matter more intelligible. It is quite plain, that but for the *Lancet* *Mr. Tyrrell's*!! edition of Sir Astley Cooper's lectures would yet have been in an embryotic state. He gained the honour of authorship, but

—“Improbæ
Crescunt divitiæ, tamen,
Curtæ rescio quid semper abest rei.”

We have, however, a little anticipated the history of our Mæcenas. We must give the light with the shade. He was a hospital apprentice, a hospital dresser, married a niece of Sir Astley Cooper's, and *ergo*, was appointed Surgeon to St. Thomas's Hospital on the first available vacancy. He became a teacher of Anatomy, and Surgeon to the Ophthalmic Hospital. He has, for the last twenty years or so, gone through a routine of such duties in a creditable manner. As an author he is chiefly known by some detached papers in the ‘*Medico-Chirurgical Transactions*’, and St. Thomas's Hospital Reports, and by his late work on the Diseases of the Eye, of which we have already spoken, and shall again have to speak. In this respect he is far below what ought to be expected from a man of moderate genius or fair talent placed in circumstances so calculated to afford scope for observation, and opportunity for improvement; but, on the whole is equal to the average standard of

ability among London hospital surgeons. Mr. Tyrrell now lectures on Surgery at St. Thomas's, and though his delivery is stiff and monotonous, his lectures are popular, as they contain a good deal of practical information conveyed in a clear and condensed form. His lectures on Anatomy used to be exceedingly good. He still maintains this excellence in the regional anatomy, which forms a part of his surgical course. He also gives examinations after lecture, which are valuable, if it were only for the example thereby set to other teachers. He is regular in his attendance at the hospital, and takes pains to make his visits profitable to the students by frequent clinical remarks. He is an excellent operator; steady though rapid, firm but gentle, and on the whole, a very successful surgeon—is therefore popular with the students, though perhaps more prized as a surgeon than liked as a man; for a constant stream of egotism runs through all his writings and lectures, and is apparent in every public action of his life. There probably never was a bolder display of this vice, than Mr. Tyrrell exhibited in his lectures at the College of Surgeons, in May last. The ostensible subject was the diseases of the genito-urinary organs, but of six lectures, nearly the whole of the two first related to the diagnosis between the diseases of the strong and the debilitated, and were filled up by accounts of cases in which depletory treatment had been adopted, to the detriment of the patient, till I stepped in and ordered gin, porter, and ammonia, to the salvation of the sufferer.

Pleased with the strain, the king grew vain,
Fought all his battles o'er again;
And thrice he routed all his foes,
And thrice he slew the slain.

More than another lecture was taken up by his mode of scarifying the conjunctiva, in case of purulent ophthalmia; indeed the symptoms and course of gonorrhœa, and its consequences, was about all with which the Professor *enlightened* the members of his College. How would this have been received at the French Royal Academy of Medicine? However, the fault is not so much in the men as in the system, by which the few high places there are in the profession are awarded, not to merit, but to interest. It must soon be “amended altogether.”

ROYAL COLLEGE OF SURGEONS, LONDON.

The following gentlemen were admitted Members on Friday, August 7th, 1840:—

Thomas Blackadder Johnstone.
John Street Mansford.
Reginald James.
Andrew Dyer.
Henry Amos Ash.
John Malraffy.
Henry Nathaniel Elton.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

FRACTURES OF THE LOWER JAW—VERTE BÆ—STERNUM—RIBS—EMPHYSEMA.—FRACTURES OF THE PELVIS—SACRUM—ILIUM.—TREATMENT IN THESE CASES.

Simple Fracture of the Lower Jaw.—The form and position of the lower jaw, and the circumstance of its being covered by little except integument in the greater part of its extent, render it very liable to fracture. It may be broken either at its anterior arched position, its ascending branches, or at the processes by which those branches or rami (as they are technically called) are terminated. The rami of the bone are less strong, and considerably thinner than the arched part, but as they are covered by powerful muscles, fractures of the rami are comparatively rare.—The bone is most frequently broken in its strongest, that is, its anterior arched portion. Fractures of this part may be either *perpendicular* or *oblique*, and they are said sometimes to be *longitudinal*, but that may be considered a very rare occurrence. The bone may be broken at one place or more—there may be a simple fracture, or the fracture may be complicated with an external wound. The fracture, too, is often attended by a good deal of contusion—ecchymosis and swelling of the neighbouring soft parts.—*Treatment*: The replacement of a broken lower jaw is very easy. By introducing one or both thumbs into the mouth, and by depressing or keeping stationary the posterior part of the bone, at the same time that we elevate or bring forwards the anterior part with the fingers, we can in general replace a fractured lower jaw with great facility. The *retaining* it in its situation, and the preventing it from moving, are points not quite so easily accomplished as the replacement; for we can only apply the means of retention to the external surface of the lower margin of the bone, the whole of the inside of the bone not being within our reach. However, this inconvenience is overcome by the advantage we have in the complete and firm support which the lower jaw receives from the upper jaw. When the mouth is shut and the lower jaw is firmly bound in apposition to the upper jaw, it may be said to supply, in some degree, the place of a splint.—The best and easiest mode of keeping the lower jaw in its situation is by means of a *four-tailed* bandage, consisting merely of a long piece of linen split at each end. The middle and undivided portion is applied to the chin, and embraces the anterior part of the bone, whilst two ends of the bandage are carried backwards and fastened behind the head, and the opposite ends or tails are brought up by the sides of the ears and fastened over the top of the head. In this way force is applied in a circular manner to the anterior arched portion of the bone, at the same time that force is applied in a perpendicular direction to the basis of the bone below; and by the combination of these two forces the bones are steadily fixed in apposition. The bone of course remains steadily fixed only so long as the person keeps the mouth shut; and in order to avoid the displacement which the natural motions of the jaw in mastication, deglutition, and articulation, would produce, persons must abstain from talking, and they must take merely soft food—*spoon victuals*, until the union of the bone is effected.—It has sometimes been found advantageous to apply a sort of splint to the surface of the jaw; you take a piece of paste-board dipped in water and made quite soft, and cut out a piece that will adapt itself to the inferior edge of the bone; just make a few snips in it, so that it will fit itself to the jaw. In this moistened state the paste-board will accommodate itself to the form of the jaw, and when dry you will find it to

be a paste-board *ease* exactly adapted to the part. You use this as a splint, confining it by the four-tailed bandage, which I have just described. But you will recollect that paste-board is a roughish substance, and that if it is bound firmly on the skin of the face the parts will sometimes become excoeriated. It is necessary, therefore, to protect the face by applying soft plaister to the surface, or by lining the paste-board with soft rag. By neglecting this precaution I have frequently seen considerable irritation produced,—even inflammation and the formation of matter have ensued in consequence.

Compound Fracture of the Lower Jaw happens from the violence applied to the bone, and probably from the fracture extending, on the inside of the month, to the part where it is covered by the gum, that it becomes a compound fracture, although there is no external opening into the wound. It frequently happens, in such a case, that there is much inflammation, and indeed the formation of matter is by no means an uncommon occurrence.

—*Treatment*: Mind, under such circumstances, an opening must be made early for the exit of the matter. It has been recommended, by way of assisting to maintain the fragments of the jaw together, to tie the teeth on each side of the fissure with skill, or by a piece of thin wire. I believe it will not often happen that you will have occasion to adopt these means.—*Symptoms*: By the way, in describing this accident of fracture of the lower jaw, I omitted to mention what the circumstances are which indicate its existence—the symptoms. Now these, in truth, in consequence of the superficial situation of the bone, are very obvious. In the first place, if there be any displacement of the fractured part, there is an alteration in the appearance of the lower part of the face; the mouth is a little deformed, it appears to be turned aside; but when you come to feel the row of teeth, you immediately perceive the irregularity produced by the fracture; and in the same way, by feeling along the bone externally, you detect the injury. Then, further, if you take the two portions of the fracture, one in one hand and one in the other, you can move them, and hear very distinctly the crepitus, or grating, caused by the broken ends rubbing against each other. These circumstances are so very palpable in the case of fracture of the jaw, that it is hardly possible to make any mistake in judging of the accident.—If the bone be broken in the rami or branches, these parts are covered by the thick masseter muscle, and it is by no means so easy here to be satisfied of the existence of fracture. Little can be done, however, under such circumstances for the purpose of keeping the parts together; you can merely, as in the other case, bind up the one jaw against the other, and enjoin quietude until the fracture shall be consolidated. Little is to be done by any particular apparatus, more particularly where the fracture is so completely out of your reach as any portion of the ramus of the jaw.

Fracture of individual Vertebrae.—The *vertebrae* are not much exposed to fracture, considered individually. Their form, situation in the body, and the way in which they are surrounded by muscles and other soft parts, render it very difficult to have a force applied in such a manner as to act powerfully on one vertebra without affecting the contiguous bone. Fracture, therefore, of a single bone is rare; but the vertebral column, taken collectively, is liable to fracture, that is, the injury may pass through a part of the column; in which case, more than one vertebra becomes involved in the mischief.

Fracture of the Spine.—The body of one vertebra, and the articulating or transverse processes either of the vertebra above or of the vertebra below, are involved in the case of what is properly called *fracture of the spine*. It is true that both spinous processes, particularly, may be broken; or there may be a fracture of one of the spinous processes only; this, however, does not take place commonly, for these processes are so covered and enclosed by strong muscles, that it is difficult to break one process and no more.—Fractures of the vertebral column generally happen in consequence of the application of some very great degree of force to the body. A person falls from a great

height to the ground—falls upon the trunk; or some very considerable weight falls from a great height upon the trunk; it is some violent force of that kind which produces fracture of the spine.—When the vertebral column is thus broken, the accident may be attended either by displacement of the fractured part or not. If the fractured parts have undergone displacement, an irregularity may be produced in the line of the spinous processes, and therefore, when, on passing the finger along it, an interruption is found in the series of those processes, one or more may seem to be depressed, or pushed in, or the spine may form somewhat of an angle at a particular point. Frequently, however, although there may have been displacement, yet when the force no longer acts upon the spine, it recovers its straight position, so that you have not any external visible circumstance that will actually point out the precise spot where the injury has been received. You can only judge of it by the sensation which the patient describes, and the accident is usually attended with so much pain, that he generally points out pretty accurately the injured part. When the vertebral column is displaced, the accident is attended with pressure upon the spinal chord which runs along the canal, and this pressure produces insensibility and complete paralysis of all the parts situated below the injury. It is this circumstance that renders fractures of the spine so very serious; that renders them, in fact, in general, extremely dangerous, and almost necessarily, sooner or later, fatal.—A fracture of one or more of the *vertebrae* would unite just as well as a fracture in any other part of the body, if there were nothing to be considered but the broken bones, and it would not be a matter of more consequence than a fracture in either of the extremities. The great importance of a fracture of the spine, arises from its effects upon the spinal chord; and the situation of the chord in the vertebral column is such, that it cannot possibly escape the effects of an injury such as I am now describing. Even if the spinal chord be not actually pressed upon, the accident will most likely produce so much disturbance from bruises and contusions, that effects almost equally serious with those occurring from pressure will ensue. The symptoms in the former case sometimes come on more gradually; but the spinal chord generally receives at the moment so much injury as to produce the complete paralysis of all the parts below the seat of injury. The parts are so completely deprived of sensation, that if you pinch or cut the skin, or apply heat, the patient is not sensible of it; the loss of sensibility is complete; and there is also a complete loss of voluntary motion. The patient is not able to move any part receiving its nerves from below where the accident has occurred. Complete insensibility, then, and complete paralysis are the consequences of the injury.—At the same time, the natural organic functions of the parts which are necessary for maintaining vitality, go on; the circulation goes on, and the secretions go on. The internal or organic life goes on, although the external life, that which constitutes voluntary motion and sensation, is put a stop to. The heat of the parts is kept up to a certain extent, but not the same as under ordinary circumstances; the want of power extends itself to the muscles of the large intestines, and to the bladder, so that the patient has not the power of expelling his faeces or urine; the sphincter muscle of the rectum loses its power, so that the faeces may pass off involuntarily. The distension of the bladder, and the necessity for using the catheter, exist at an early period after the accident, but, after a certain length of time, the water runs off involuntarily. There is a general symptom attendant on fracture of the spine, the exact reason of which, I believe, has not been explained, or at least, if it has I am not aware of it, and that is a permanent erection of the penis—a state of *priapism*; and this I have seen occur when fractures of the spine have happened in very different situations.—*Prognosis*. Now, the prognosis, the chance which the patient has of surviving the accident, and the length of time he may live after the occurrence of the accident, are circumstances which depend much on the situation in which the accident has been received.—When an accident of this kind happens to the first, se-

cond, or third vertebra of the neck, if it be attended by displacement of any of the broken parts, so as to cause pressure upon the *medulla spinalis*, the case is immediately fatal, because the pressure then being above the origin of the phrenic nerve, respiration cannot be continued. When a fracture takes place below the third cervical vertebra, although the occurrence of the fracture in that situation paralyzes the entire costal muscles, though it paralyzes the abdominal muscles, that is, although it paralyzes the great bulk of muscles engaged in the act of respiration, still the phrenic nerve is not involved, and in that case, for a certain length of time, respiration is carried on by the diaphragm.—A fracture of the first or second vertebra is not, however, necessarily fatal; it is only under circumstances in which the fracture is attended with such displacement as to produce the pressure I have just alluded to, that death is the immediate consequence. There is a preparation belonging to this museum, in which there appears to have been a fracture of the first vertebra—the atlas, because there is a distinct fissure in it. Now, the individual in whom this took place recovered completely, because the atlas and dentata are completely ankylosed—completely soldered together by bony union. There the fracture was not attended with pressure upon the spinal chord. A case is mentioned by Sir Astley Cooper, in which a boy, three years old, received a serious injury about the upper part of the neck; and after the occurrence, was observed to be unable to move his head, except in a very limited way. He never moved it without holding it with both hands. He seemed to be afraid that some mischief would occur by the least shake or motion of the head. He died at the end of twelve months; it does not appear from what cause; and it was found on examination, that the atlas was broken in such a way as to loosen the attachment of the ligament which holds the vertebra dentata in its place.—If a fracture take place in the fourth cervical vertebra, or any inferior one, down to the beginning of the dorsal vertebrae, the patient generally lives from three or four to seven, eight, or ten days, according as the fracture is situated higher up or lower down. In such a case the patient performs respiration simply by means of the diaphragm. The power of contraction of the diaphragm is retained; when the diaphragm is put into action, therefore, the abdominal viscera are protruded, and the chest is enlarged on each inspiration, and the reaction of the parts seems to occasion the expiration; but respiration is performed very imperfectly in this way, so that the patient can hardly speak, except in a low tone. He is incapable of sneezing; he cannot make any effort for the expulsion of the faeces; he cannot put the muscles of the abdomen into action, they are completely paralysed, and in this state life is not long supported. I had a case under my care some years ago, where the fourth was partly displaced upon the fifth cervical vertebra. In this case, dislocation could not be distinguished from fracture. That patient lived four days; and not long after that period I had another case in the hospital, where the injury had been received quite in the lower part of the neck; in fact, the body of the sixth cervical vertebra, with the articulating transverse processes of the vertebra above it, had been fractured, and the body of the sixth was displaced forward, so as to overlap the seventh, and press on the spinal chord. In this case the patient lived ten days.—When the dorsal region of the spine is broken, the patient will perhaps live a fortnight or three weeks. In case of fracture occurring in the lumbar region, the patient may live three, four, five, or six weeks, and, in some instances, life has been prolonged to a much later period. If I do not mistake, Sir Astley Cooper states a case, where the gentleman survived the accident nine months. There is a curious specimen in the Museum of the College of Surgeons, which was sent to it by Mr. Harrold, a surgeon at Cheshunt, where a fracture of the spine had taken place; I think it was either of the last dorsal or first lumbar vertebra. This patient was kept perfectly at rest; the urine was drawn off by the catheter, and after the accident he recovered a kind of power of expelling the urine, which appeared to be effected rather by the action of the abdominal muscles,

than by the contraction of the muscular coat of the bladder. However, in about six months he had considerably recovered; he could sit up and dress himself, and though there was a total want of voluntary power in the inferior parts, he had a power of moving himself down stairs from step to step. He died at the end of twelve months. There was a complete bony union of the fracture—a complete bony callus soldering the parts together; and the singularity in this case was, that a part of the body of the vertebra had been driven off by the accident, and was driven across the vertebral canal, so that it had completely divided the medulla spinalis, and the ends are about an inch separate, according to the preparation which is now in the museum. In this fracture which I now show you, and which is a fracture of the dorsal vertebrae, the same circumstance has taken place; a piece of the body of the bone is driven off, and forced across, so as to divide the medulla spinalis. The case, then, in the Museum of the College, clearly shows that fracture of the spine may be recovered from, so far as the fracture itself is concerned. It shows that the vertebrae possess in themselves the same powers of restoration that are possessed by any other part. A gentleman showed me a specimen of a piece of bone, and asked me what I thought of it. It was a piece of the spine; and I said, if I were to give an opinion, I should say that the spine must have been broken, and that the fragments had become united by bony union. It had the appearance of having been broken, and of there having been thrown out on the anterior part of the column, a sort of bony substance forming a kind of *rough plastering*. He said it had been a fracture. In this case, also, there was a mass of bone filling up the vertebral canal, and I could hardly see any space in which the medulla spinalis could have remained. He said it was an instance in which the spinal chord had been completely and entirely divided; and, indeed, from the state in which the vertebral canal appeared to be, that must have been so, for there was not room to pass, perhaps, more than a blow-pipe. I think the gentleman said, that that patient had recovered so far as to be able to walk about. There is a case minutely described by Soemmering, where the patient died in six months from the occurrence of the accident, of mortification of the lower extremities. The injury was done to the body of the first lumbar vertebra, and the articulating transverse processes of the last dorsal. There had been the same kind of rough substance thrown out, and the bone in the fractured parts was firmly consolidated.—*Treatment*. The next question is, What treatment should be adopted in these cases? In fracture, without any displacement, and where there is not actual pressure on the spinal chord, but where, soon after the injury, serious pains come on in the course of the nerves below the seat of injury; when convulsions and painful spasms attack the limbs, and which occur in consequence of inflammation of the spinal chord, we can only have recourse to the ordinary antiphlogistic treatment; take blood locally, and adopt the other antiphlogistic means, strictly enjoining rest. With respect, however, to the ordinary run of cases, which are instances where paralysis and insensibility immediately attend the accident, we must place the patient in a state of perfect quiet, and make him keep absolutely at rest. Absolute quiet is the most essential point in the treatment of these cases. It may be necessary to adopt antiphlogistic means of a local character; and those cases do not, in general, require any other measures. You must employ the catheter so as to draw off the water at proper times; and then, under favourable circumstances, we see that nature is capable of repairing an injury of this sort, so far as the injury to the bones themselves is concerned, although the power in the limbs is not likely to return, when the spinal chord has received very serious injury.—The proposal has been suggested of relieving the spinal chord from pressure, by denuding the vertebral column on its posterior aspect, and by cutting away with a saw or trephine the spinous process, corresponding to the situation in which the spinal chord may be supposed to suffer, under the idea of elevating the pressed bone, or of taking away that part which causes the pressure, in the same way

that you would relieve the brain from pressure occasioned by fracture of the bones of the skull. The great objection to this proceeding is, the uncertainty respecting the precise seat of injury, and the precise mode in which the spinal chord has been injured, or continues to suffer pressure. I have mentioned to you already, that sometimes an irregularity, apparently a prominence of a spinous process or two, may point out the situation in which you may suppose the injury to have been received, and in which you might suppose it probable that incisions should be carried, in order to accomplish the purpose I have mentioned; but in a great number of instances, you have no direction of that kind, and you would proceed under a great uncertainty, whether it ought to be one or other, or a third spinous process, that ought to be removed. Then, again, you do not know whether the paralysis is the after consequence of the injury, or whether it is merely the effect of that injury which the spinal chord had received at the time of the accident, although it may no longer continue to suffer pressure. Now, in the case that I have mentioned to you of fracture with displacement of the lower part of the cervical column, when I came to examine the patient, there was no pressure upon the spinal chord; but, upon cutting open the theca vertebralis, there was a sufficient trace of appearance to render it probable, or pretty clear, that it had previously received pressure; here the paralysis and want of voluntary motion were permanent. Now, if you had cut down to the spinal chord in that case, it would have been of no advantage to the patient; and I am confident that, in a great number of cases, such is the nature of the injury which produces the insensibility and want of motion, that cutting down upon the chord would afford no relief; I have adverted to the circumstance that, in some cases, there is a portion of bone driven from the body of the vertebra, and right across the vertebral canal, and filling it up. Removing the spinous process in such a case, would be of no benefit to the patient.—On the one hand, then, the objection to the operation arises from the great uncertainty as to the exact situation, or exact nature of the mischief; and, on the other hand, we must observe that this operation of exposing and taking away a part of the vertebral column, is really a very serious, and, I may say, a very delicate affair. Any person who has had to take out a portion of the vertebral column in the dead body, is aware that it is not a very easy task, even where we do not care what we cut through; and to perform an operation on the living subject in the same place, must be still more difficult. It is an operation which, if it were done when the contents of the spinal canal were perfectly uninjured, would, I think, be likely to be followed by inflammation of the membranes and chord; it would be likely to produce mischief, even if no mischief had existed before. For these various reasons, it appears to me that the proposal of taking out the spinous processes of one or two of the vertebrae ought not to be entertained. It has been done in two or three instances, but the results of those cases present no encouragement for a repetition of the attempt.

Fracture of the Sternum.—The sternum is not frequently broken. Although it presents a pretty broad surface, and although very often considerable violence is offered to it, in the shape of blows, although it is not much covered by other parts, it eludes fracture, in consequence, probably, of the elasticity of the cartilages of the ribs by which it is supported. The parts of the chest with which it is connected will bend, and, consequently, the bone escapes fracture under circumstances which we would suppose capable of producing it. But the sternum is occasionally broken, and it may be a very serious occurrence, or it may be by no means important. A very violent injury, such as the passing of a wheel over the body, will depress it. The injury is then of a very serious nature, not so much from the injury which the sternum itself has received, but from the mischief done to the parts within the chest. A fracture of the sternum, not attended with injury to the internal parts, is not very important.—*Treatment*: A young chap, 26 years of age, was brought into the hospital under my care. I believe he had been engaged with

some companions, perhaps, in drinking; and after an entertainment of that kind, they had resorted to sports of rather a rough nature, and, in the course of his exertions, his chest had been struck with great violence against the edge of a table. It was very soon found that the sternum was broken across the middle; there was not any displacement, but there was a little irregularity just at one edge. When it occurred, he felt much pain across the part, and also on coughing. At the time he came to the hospital his pulse was feeble, and he seemed to be labouring under considerable depression, just like a person who had met with an accident of considerable importance. When he drew his breath, or when he coughed, or when he bent the head forward, crepitus could be distinctly perceived. The pulse soon rallied, and he lost twenty ounces of blood from the arm; aperients were administered and he had a broad bandage buckled on his chest similar to that which is applied in the case of fractured ribs. In the course of the night he suffered a good deal from coughing, which produced pain in the chest and much uneasiness. For this he had a linctus, which he was to take often. The cough disappeared, and the case went on well. I have seen other instances of fracture of the sternum, which have gone on in a similarly favourable way to this.—It is possible that some fractured end or portion of the sternum may be depressed, but this does not ordinarily occur. The way in which it is fixed to the cartilages prevents depression. If, however, the inferior fragment of the sternum should be depressed under the superior fragment, inasmuch as the anterior mediastinum is directly behind, and contains only loose cellular membrane, parts of no consequence, that simple displacement, I apprehend, would not be of importance.

Fracture of the Ribs.—Fractures of the ribs are much more common than those of the sternum. When these take place at the anterior part, or sides of the chest, the accident is generally easily recognisable by putting the hand where the violence has been received, or where the patient says there is considerable pain. The movements of the chest produce a sensible grating, or crepitus, and the patient experiences great pain from the motions of the broken ends of the bone in the chest. When, however, the fracture is situated in the lower ribs, and further back where the ribs are covered by thick muscles, we often do not succeed in detecting grating or crepitus, although all the other circumstances are present which lead us to believe the existence of fracture. In a doubtful case like that, it is better to adopt the treatment suitable to fracture of the ribs.—The function of the respiration is of course much affected when fracture of the ribs has taken place, for this continued action being attended with more or less motion of the ribs, a constant source of pain arises, which, however, in some measure, can be avoided by the diaphragm and the abdominal muscles being employed in the respiratory action, to the exclusion of the intercostal muscles and the action of the ribs.—*Treatment*: If the chest could be kept perfectly at rest—if the patient did not employ the intercostal muscles at all, there would be no movement of the fractured ends of the bones, and no material pain, probably, would be experienced. We endeavour to accomplish this as well as we can, by covering the part, either by a broad bandage of calico or flannel, or by including it in a broad kind of girth, fastened with buckles and straps, called a *fractured-rib bandage*. Patients very often experience great comfort from the application of that bandage; they find they can move, and even cough, freely when it is on. In some instances, however, the pressure of this bandage, and the swelling that takes place, seem to act unfavourably on the broken ends of the bone, and to aggravate the sufferings of the patient; and this is particularly the case where several of the ribs are broken; so that we often find it necessary to leave the chest without external pressure. In these cases we must regulate the treatment, therefore, according to circumstances, and allow the patient to have, or not to have the bandage, according to his own feelings. If the patient be strong, if he has much cough in consequence of the accident, and if he be of a full habit, it is expedient to bleed him once, or oftener;

purge him, put him on low diet, keep him quiet, and in the course of a fortnight, or three weeks, he will get perfectly well.—The fracture of a single rib is by no means an important occurrence; the patient recovers easily; but when you have several ribs broken, the case may be a very serious one. And there is one thing connected with fractures of the ribs, which, in many cases, is a source of great danger, and that is, the circumstance of the broken end of the bone projecting into the cavity of the chest, wounding the pleura and the lung. Under such occurrences, air escapes through the wound from the lung into the cavity of the chest, and very often also passes through the opening, which the broken rib has made, into the cellular membrane, around the situation of the fracture. From the general communications of the cellular membrane over the body, the air, when once admitted, readily extends over the chest, generally over the side of the body, and may, indeed, occupy the whole of the body, constituting what is termed—*EMPHYSEMA*, in which the cellular membrane generally is distended with air, as the cells of it are distended with water in the case of anasarca, or general dropsy. The mere distension of the external cellular membrane, although it may produce great swelling, although it may even go to the extent of swelling up the eyelids and closing the eyes; although it may distort the features, so as to render the person hardly recognisable, and although it may swell other parts still more considerably, yet this mere distension of the cellular membrane by air is not a thing of any great importance.—*Treatment.* If the swelling proceed to any considerable extent, we can at once get rid of it by making a puncture with a lancet into some part of the body, and the swelling quickly disappears. But the great mischief arises, in the case of emphysema, from the air which passes into the cavity of the chest, more particularly if it does not meet with a ready exit. The cases, therefore, of emphysema, in which there is the largest swelling externally, are by no means cases of the most importance.—If air escape from the lung into the cavity of the chest, and there remain, in the first place the lung that has been wounded collapses, becomes very much diminished in size, and the place which it formerly occupied in the chest is now occupied by air. If air still continue to pass through the wound into the chest, it not only occupies the space formerly occupied by the inflated lung, but it pushes the mediastinum, which is a sort of partition, towards the other lung, and prevents that lung from becoming fully distended, so that respiration is very much impeded from this cause. The mediastinum, you of course are well aware, is a moveable partition in the chest; and it is so moveable, that when you lie on the right side, the heart, which is seated, in fact, on the mediastinum, falls over upon it towards the right side, so that you do not feel it pulsating on the left side, as you would do under other circumstances. You know, also, that the heart ascends and descends freely, in proportion to the extent of the motions of the diaphragm. So that the mediastinum is capable of passing from one to another position, according to the force applied to it. Hence matter, or any fluid, contained in one side of the chest, will exercise a considerable pressure on the parts contained in the opposite side through the mediastinum.—If, under any circumstances, respiration should become extremely embarrassed, the only course of relief is that which you would take, if one side of the chest was swollen or distended with water or pus: that is, you must make an external opening, and allow the air to escape, which it will do with, at all events, temporary relief. If it should accumulate again, you must repeat the operation. In performing this operation, you make an opening between the fifth and sixth ribs towards the anterior part of the chest, if on the right side; but you had better make the opening lower down, and more towards the side of the chest, if you are to operate on the left side for the purpose of avoiding the pericardium and heart.

Fractures of the Pelvis.—Fractures of the pelvis can hardly take place, unless in consequence of some very great violence, such as tremendous falls, which literally shatter to pieces the parts of the body that come to the ground, or from the passage

of a carriage-wheel over the lower part of the body. And when that accident does take place, it is so generally attended by wounded vessels, internal hæmorrhage, or violent injury of some important organ, that the mere fracture is of minor consequence.—Indeed, in cases of fractures of the pelvis, we can do but little towards relieving the very precarious state in which the patient is placed. If the os pubis be fractured, you may have injury to the urethra, and this may require a particular mode of treatment. We are not capable of doing much in these cases, for the purpose of retaining the fractured parts in apposition. All we can do here, as in fracture of the spine, is to put the patient into an easy situation, let him be kept perfectly at rest, and administer to any particular symptoms that may present themselves.—If the *sacrum* be fractured, you have, in addition to the other symptoms, a paralysis of the parts which are supplied by the sacral nerves, below the seat of injury. Fractures merely of the *spine of the ilium* are not of a serious character.—In such cases we can do little more than keep the patients quietly in bed; but a *compress* might be applied to promote the apposition of the fractured bone.

SPIRIT OF THE MEDICAL PRESS.

TREATMENT OF DISUNITED FRACTURE, BY SETON PASSED EXTERNAL TO THE CAPSULE OF THE FALSE JOINT.

Communicated to the Editor of the 'Medical Press,' by D. Donovan, M.D.

MARY DRISCOLL presented herself to me at the Skibbreen Dispensary, on the 1st of February, 1840, and complained that, about three months before, she "sprained her hand," and that it since continued crooked. On examination, I found, about the middle of the fore-arm, a transverse fracture of both bones: the freest motion existed at the seat of the injury, and with the greatest ease the inferior or carpal portion could be brought to a right angle with the superior fragment; when the fore-arm was in a state of pronation, the head fell downwards, as though the muscles made no exertion to prevent it—when in a state of supination, it dropped backward in the same manner; great deformity was produced by the projection of the lower fragment under the skin of the fore-arm, and all use of the hand was lost.—The account she gave me was, that three months before, after recovering from measles, she was engaged in digging potatoes; and expecting that rain was coming on, and being anxious to finish her work, that she made a great exertion, after which she felt considerable pain in her right-hand, and was unable to work more. The next day the fore-arm was swollen and painful, and she went to a female bone-setter, who placed the fore-arm in splints. At the expiration of three weeks the splints were removed, and the limb has since continued deformed and useless.—My patient at once consented to the operation which I proposed, and I passed a needle, armed with a broad seton, immediately over the seat of the fracture, from the internal margin of the radius, to a corresponding point over the external margin of the ulna, and placed the limb in splints perforated in several places, to allow of the discharge of matter.—Feb. 8. Examined the fore-arm; considerable inflammation had set in, the skin was in several places excoriated by the matter. Along the line of the seton the muscles felt swollen and hard. I replaced the splints, and did not remove them for another week.—15th. Fore-arm still continues inflamed; wounds discharging freely; motion at the false joint considerably less.—22nd. Redness and general swelling subsiding—more thickening along the course of the seton—a firm lump of callus to be felt in the neighbourhood of the fracture—no motion between

fractured portions.—29th. Inflammation nearly gone—very little matter discharging from the seton wounds—no motion of false joint—functions and powers of the hand rapidly returning.—Discharge cured.

It is to be observed that the fracture was in this case produced without either a fall or a blow, and affords us a most satisfactory proof of the power of the muscles to break the long bones of healthy individuals, notwithstanding the high authority of Richerand and other eminent surgeons to the contrary. The patient was a young, healthy, robust country woman, unaffected by sores, cancer, scrofula, or mollities ossium, in whom the want of union was owing not to any constitutional taint, but to the imperfect adaptation of the mechanical means employed in the treatment of the original fracture. * * * Friction of the bones on each other has in very few cases been attended with advantage, and may in many aggravate the disease which it is intended to remedy; as for instance, where there are rough, projecting spicula at the extremities of the bones—the removal of which by friction may place the parts in the most favourable state for the formation of perfect false joint.—To Mr. White's operation of sawing off the ends of the bones still greater objections apply; its success has not been much greater than the last noticed, and it is moreover always formidable in its character, and dangerous in its consequences. In this operation, a severe wound must in all cases be inflicted—the nerves and blood-vessels in the neighbourhood of the bone must be exposed to great danger in sawing off the extremities of the fragments, and by it a simple is converted into the worst description of compound fracture, viz., one attended with loss of substance in the bone.

CHILBLAINS TREATED WITH MUSTARD BATHS.—Mustard powder enters into the composition of several ointments, which, at different times, have been strongly recommended in the treatment of chilblains. A writer in the *Journal des Connaissances Médicales*, alludes to the good effects of mustard baths in the following terms:—"A friend of mine suffered so much from chilblains, that he could scarcely walk across his room. As he was afflicted with severe headaches at the same time, I advised him to use a sinapised foot-bath for two or three nights. Finding himself much relieved both in head and feet, he continued their use for nearly three weeks. This was in the month of November. He had no return of his chilblains during the whole of the winter; and, in the following year, by having recourse to the baths, he again remained entirely free from his old most troublesome complaint."—*Remark.* A very good application to that most vexatious malady, a chilblain, is the diluted tincture of iodine. The effects of this remedy resemble, in many respects, those of a solution of nitrate of silver; both having a very marked, and often a singularly beneficial influence on cutaneous complaints, especially when these are connected with a chronic or subacute inflammation of the part. We have recently used the iodine tincture with good effects in some forms of porrigo.—(Rev.)

An establishment for medical students, resembling in its discipline and arrangements the colleges at Oxford and Cambridge, is intended to be formed in connexion with the Queen's Hospital, Birmingham. For this purpose it is proposed to erect a suitable building, containing rooms for a limited number of students, with a dining-hall, and every requisite accommodation, and also with a chapel and medical library.

MORBID CONSEQUENCES OF UNDUE SUCKLING.

BY S. ASHWELL, M.D.

From Guy's Hospital Reports.

DR. ASHWELL thinks that the subject has hardly received a fair share of attention. He starts by laying it down as a canon, that *exhaustion*—generally attended by symptoms of re-action, but occasionally by depression, so extreme as almost to conceal any such effort—constitutes the prominent, the essential feature when lactation has become a disease. Anæmia, with irritability and universal pallor, are as apparent as in chlorosis; of course, in different degrees. In some instances there is distressing debility; in other, and less serious cases, there is only trifling anæmia, and proportionately slight pallor. Local congestion, also, as it is the result of an irregular distribution of the blood, may partially modify the anæmia and pallor, by producing, in certain organs, a temporary but morbid energy, and, by fullness of the capillaries, a less pallid and unhealthy aspect of the surface. Still, exhaustion is the permanent morbid state, associated with undue suckling.—He is of opinion that it may be proved:—First, That lactation to be morbid need not be long: evil consequences may ensue soon after its commencement; occasionally, within a few weeks; more frequently within a period protracted beyond nine months.—Secondly, That organic lesions may, although very rarely, result from undue suckling. And, Thirdly, That weaning the child is generally indispensable to the cure—the remedy, without which all others will be inefficient.—The majority of women, no doubt, nurse well for a reasonable time, but if, from over-nursing, or from nursing with a constitution naturally weak, or artificially enfeebled, it begins to suffer, a train of symptoms is induced which Dr. Ashwell describes.—“Amongst the earlier symptoms of failure are, a heavy, dragging sensation in the back and loins, and directly between the scapulæ, when the child is at the breast; and a feeling of peculiar sinking and emptiness at the pit of the stomach, and over the whole abdomen, for hours afterwards. Inquire particularly, and you will discover, what is often anxiously concealed, that the milk is scanty in quantity, and with difficulty secreted; and that without long intervals, scarcely any fresh supply would be furnished. At this point much might be done. If weaning entirely were practised, the symptoms would soon disappear, or if only partially adopted (by the child being judiciously fed, and the mother's rest at night secured, instead of being continually broken), lactation might be safely continued, as the appetite, digestive powers, and strength of the parent would be thereby improved. But the attempt to nurse is often persevered in, without these advantages, and the morbid results are soon aggravated. Together with an excitement or depression of mind, there is a proneness to hysteria; the pulse is quicker than natural, and easily compressed; the muscular system is weakened; the appetite is nearly destroyed, or it is at least fastidious and unhealthy; the bowels are either constipated and flatulent, or painfully griped, and slightly purged; there is headache or giddiness, with impaired vision; pain between the shoulders, or in the sides, below the cartilages of the false ribs; now, but especially if the suckling be continued, there is swelling of the ankles, œdema of the face, and frequent palpitation.”—Should these symptoms grow more intense, we have then a severe and well-marked case. Particular symptoms not unfrequently attract the principal attention. Impaired appetite is one of these—palpitation another—

dimness of vision a third; yet all are functional or at least are not necessarily otherwise.—Dr. Ashwell next alludes to *occasional complications* of morbid lactation.

1. *Profuse Menstruation, Menorrhagia, and Leucorrhœa*.—There is nothing surprising in the occurrence of these. Dr. Ashwell rather thinks that they prepare the way for organic diseases of the womb.

2. *Functional Amaurosis*.—This, accompanied with congestion of the conjunctiva, is common. The patient is alarmed, yet—“In the greater number of cases, prompt weaning will alone remove the affection; still it may be necessary repeatedly to apply small blisters near the eye, and absolutely to forbid its employment. Improved diet, country and sea air, exercise out of doors, iron and quinine, are important remedial auxiliaries. Nor is it unimportant that quickly recurring pregnancy should, if possible, be avoided. I have known several instances where, during a pregnancy immediately succeeding the exhaustion of over-nursing, the eye has been almost constantly in a state of ‘blood-shot’ or congestion, and the sight excessively imperfect. Months, and even years, sometimes elapse, where able treatment has done its best before distinct and strong vision is re-acquired. Specks, and slight ulcerations of the cornea, are occasionally connected with the exhaustion and irritability of nursing. In all these cases, provided there be no serious organic change, the sufferer may be encouraged certainly to expect the restoration of this most invaluable faculty.”

3. *Jactitation*.—Dr. A. has seen several instances of this. In one poor woman, an out-patient of Guy's Hospital, the seizures always occurred after she had nursed for three or four months; and they were so violent, that she was compelled to lay down her baby when they occurred, lest she should let it fall. In another young and hysterical patient, who had borne children very quickly, there was, during lactation, an almost continual and slight twitching pretty universally throughout the extremities, but especially of the face. In both, weaning was always necessary before the sixth month, more on account of leucorrhœa and general irritability, than for the jactitation.

4. *Epilepsy* has been noticed as a consequence of lactation, and Dr. Ashwell has seen fits difficult to be distinguished from the epileptic, result from it.

5. *Insanity*.—This commences by peculiarity of sentiment or temper, and “is plainly evinced by pertinacious adherence to an opinion once formed, however erroneous; and scarcely at all more strikingly displayed than in a determined opposition to any advice having for its end an entire or even a partial weaning. In this early stage, the further advance or the protracted continuance of the malady might probably be thus prevented; but, instead of weaning, larger quantities of porter or wine, with animal food, are most improperly resorted to. Still the desired supply is not obtained. The stomach has been already weakened; and as it is scarcely able to bear a diminished diet, fever and indigestion are only apparent and temporary, not real strength, must be the consequence of this increased supply. Together with a continued sparing secretion of milk, the symptoms already described are aggravated. The insanity becomes positive and acute, the pulse quick and sharp, the skin parched, and the whole system deranged. The conduct of the patient is no longer doubtful: her actions are often violent; and, without personal restraint, serious, perhaps fatal injury might be inflicted on herself, and those around her. I agree, however, with Dr. Locock, that the aberration of undue suckling is rarely of

this serious kind, excepting where generous diet and wine are injudiciously administered; more commonly it shows itself in weakness and absurd ideas, in whim and caprice. If weaning and careful treatment be even now adopted, the symptoms often subside easily and quickly; while, in other cases, where probably a disposition to insanity exists hereditarily, the disease is of longer duration, requiring seclusion and confinement for its cure.”—Dr. Ashwell has never known an instance of permanent insanity from lactation. He is satisfied of a resemblance between this and puerperal mania. Both are disposed to recur in after-confinements. In the greater number of examples of puerperal insanity, a modified antiphlogistic treatment only, comprising small local bleedings, cordial aperients, and particularly sedatives, with mild nourishment and tonics, is most successful; and the same may be said of the insanity from over-lactation. But puerperal mania (and the explanation is obvious) is very much the more frequent.

6. *Undue Suckling may, although rarely, induce organic change in the Brain, Lungs, and Uterus*.—Dr. Ashwell believes this to be a fact. He first alludes to *Headache*. “So long,” he says, “as it is general, not very severe and transient—so long as it does not recur periodically, with marked premonitory symptoms—it may be viewed as comparatively free from risk. But if it be dreaded on account of the permanent uneasiness which it has already produced, or from its intensity and acuteness; if it seizes on one part of the head, and remains fixed there; if its paroxysm be preceded by rigors, and if the pain never entirely subsides; more especially if there be partial paralysis, mental peculiarity, or forgetfulness approaching to imbecility; or any other anomalous symptom indicative of deranged nervous action, for instance, an unusual affection of the eye, such as double or impaired vision; or of the auditory nerve, injuring the hearing, or rendering it excessively and painfully acute; or if there be impeded deglutition; then danger exists, and a softened, or otherwise structurally altered condition of the brain may be feared. Still, if weaning has not been adopted, it ought yet to be urgently enjoined.”

Phthisis may be induced, more particularly if a previous tendency to tubercles existed.—The uterus may, he thinks, undergo *organic changes* too.

Treatment.—Where the symptoms of exhaustion are slight, a better diet, a careful regulation of the bowels, a tonic treatment, and, above all, diminished suckling, will often avail. The child should be fed two or three times within the twenty-four hours, and unbroken sleep should be secured to the mother. But a continuance of the debility, or the aggravated prevalence of one or more of the symptoms already enumerated, will plainly indicate the necessity of entire weaning; if the child be purged or become gradually emaciated, it will corroborate the importance of the step.—If organic disease threatens, the treatment must be such as would be appropriate to it. The convalescence of such patients is generally protracted and difficult, years sometimes elapsing prior to recovery. Nor can it be too forcibly recommended, that suckling should be abandoned, if a fresh pregnancy succeed very quickly. The symptoms are often rendered worse by gestation, and invariably by a renewed lactation. Iron, chalybeate waters, country and sea air, travelling and exercise, are most important auxiliaries.

At the Graduation, the 1st of August, 111 gentlemen obtained the diploma as Doctors of Medicine of the Edinburgh University.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

The Naturalist's Library. Conducted by Sir W. Jardine, Bart., F.R.G.S., &c. *Mammalia.* Vol. X. *Dogs*, by Lieut.-Col. C. H. Smith. Lizars.

An Experimental Inquiry into the Laws of the Vital Functions, &c. By A. P. W. Philip, M.D., &c. Fourth Edition.

Harrowgate Hand-Book, &c., with Observations on the Harrowgate Waters, and Directions for their Use. By A. Smith, M.R.C.S. Twentieth Annual Report of the Dundee Lunatic Asylum.

Pathological Researches on Phthisis. By E. C. A. Louis. Translated with Notes and Additions, by C. Cowan, M.D., &c.

Bedside Manual of Physical Diagnosis. By C. Cowan, M.D.

Three Pamphlets on Quackery. By C. Cowan, M.D.

A. B.—We believe the true story runs somewhat thus:—That Dr. Ure imagined he had made a fortune by the invention of an incorrodible ink, the colour of which he found to resist acids, alkalies, chlorine, and every other re-agent he could think of. The learned Dr., in confident assurance of his success, remitted a specimen on parchment to a brother retort, who applying a sponge and a little warm water to the incontestible composition, washed the writing clear off, leaving no trace behind. But the Dr. is not the first philosopher, who, gazing on the stars, has fallen into a horsepond.

A SUBSCRIBER.—It is impossible to give an opinion without seeing the patient. We would advise him to apply to any respectable surgeon.

M.D.—The civil appointments are few and unimportant, and obtained principally by local influence. We know of no list.

A MODERATE ERGOTER'S observations are judicious, and to the point, but the question has already been settled in our columns.

A PUPIL at the Middlesex, will oblige us by trying his hand. We intend some day to give a portrait or two from the Middlesex Hospital. Dr. Ashburner, and his mode of weighing the lying-in patients, measuring their jaws, counting their teeth, and then drawing them out, would make a sketch worthy of Hogarth. There is amusement, too, in Dr. Wilson's and Mr. Tuson's manners when visiting patients, especially the "puns" of the latter, when asked by the pupils for information.

M.R.C.S.—Yes, the *Lancet* copied the list from our columns, as the date will show.

MR. THOMAS, of PEMBROKE DOCK, has sent us a sensible letter on the subject of Ergot of Rye; we have space only for an extract. "The result of my experience is, that the ergot is seldom absolutely necessary;—that time and patience—carefully avoiding meddlesomeness—will bring most labours to a happy termination; that an anodyne draught will often work wonders, from giving the few hours rest to the muscular action, spoken of by Dr. Carson (No. 44, *Med. Times*); that in ninety-nine instances out of a hundred, nature is herself the best accoucheur."

DELTA.—The parcel has not yet arrived.

A PUPIL at ST. GEORGE'S suggests, "that the physicians and surgeons of the different hospitals, should each have their patients collected into one or more wards, and not scattered over a large building. At present he says, much valuable time is lost by students going through so many wards to see one or two patients; and those who require the greatest quietude, are disturbed for nearly two hours a day, by the ingress and egress of the physicians and their pupils."

"DR." C. E. JENKINS.—Yes, the individual styled "M.D." in the report, is no other than the Charles Edward Jenkins, Surgeon, "Knight of Malta," of "St. John's British Hospital" notoriety.

NEXT WEEK.—T. A.—Dr. Cowan—One of the Unfortunate—R. S.—J. Stirling—J. Ward.

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THE MEDICAL TIMES.

THE LAST JUGGLE OF THE SESSION.

MR. HAWES, on Thursday, Aug. 6th, gave notice "that he would next session move for leave to bring in a Bill, to amend the law relative to the Medical Profession."

Aug. 10th.—MR. WAKLEY "gave notice, that early next session, he would move for leave to bring in a Bill to establish a national Faculty of Medicine."

MR. WARBURTON, (the same evening,) "also gave notice, that to-morrow he would lay upon the table of the House, a Bill for the registration of medical practitioners, and for establishing a College of Medicine, with power to grant diplomas to practise in any part of the United Kingdom."

THE ATTORNEY-GENERAL "hoped no objection would be made to his asking for leave to introduce a Bill at once."

MR. WAKLEY said, "that an accident! (what accident?) had prevented the Bill being brought in some weeks ago, and as he believed, the Bill was in every way worthy the public and the profession, he hoped no objection would be made to the course suggested."

"Leave was given to bring in the Bill."

What is to be done with the two Bills, Wakley versus Warburton? This is best known to themselves, and perhaps no one else—it is either a very knavish or a very stupid piece of business, perhaps both.

But the humbug is ridiculously transparent! Messrs. Hawes, Wakley, Warburton, and the Attorney-General to boot, rushing into the fray, when they well knew it was too late for anything to be done—moreover, Mr. Wakley giving notice of his own bill, and in the same breath praising *par excellence*, and supporting Mr. Warburton's. Were both bills necessary? or Mr. Hawes's in the bargain, or only one?

We doubt whether the Honourable Gentlemen collectively had a single bill ready; at all events, it was neither introduced nor mooted the next day. Did not Mr. Warburton know, that the House would be prorogued the very next day? Did not the Attorney-General also know, that what he and they proposed, viz., to introduce a bill, could not probably or possibly be done?

Thus then has the farce terminated with the termination of the session, and, we presume, these Honourable Gentlemen suppose by these contemptible tricks they can, for a little longer, cajole the Medical Profession.

We have already cautioned the profession to beware of relying upon two members who have so thoroughly belied their pledges—the man who was the promoter and father of the London University Charter—who is a monstrous monopolist, in a monstrous monopoly—who framed and carried the Anatomy Bill to aid that monopoly—who fears, and has, by his ministerial influence and jobbing, prevented the appointment of a Committee of Inquiry into the operations, of that bill of his own concoction—this man cannot be trusted to frame and carry a bill for Medical Reform.

Dr. Webster has egregiously misled the profession by proposing, at the late Southampton meeting of the Provincial Medical Association, "That application should be made to Mr. Warburton for the purpose of knowing his views and intentions with regard to Medical Reform." What good or sense is there in asking such a man his intentions? the only effect will be delay. When the profession take the affair into their own hands, they will obtain redress—so long as they regard Warburton and Co., as other than shufflers, they will be deceived, deluded, and betrayed.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 25th July, 1840:—

Epidemic, endemic, and contagious diseases	168
Diseases of the brain, nerves, and senses	150
Diseases of the lungs, and other organs of respiration	224
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	84
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	1
Diseases of uncertain seat	110
Old age, or natural decay	42
Violent deaths	13
Causes not specified	1

Deaths from all causes..... 829

M. Lemazaurier, in the 'Gazette Medicale,' speaks very highly of the use of ice in cases of typhoid fever. He introduces small pieces into the mouth, and then applies it to the upper and fore part of the head. His theory of the *modus operandi* is somewhat fanciful. He supposes it relieves any tendency to encephalitis, by the cold affecting the base and the convexity of the cranium simultaneously.

ETHICAL OR INTERNAL REFORM OF THE MEDICAL PROFESSION.—NO. II.

UPON a full consideration of the bulk of our materials, and after the dispassionate judgment and inquiry which the subject calls for, we shall not pause now to discuss the principles and peculiarities of our countrymen, in respect to their choice and judgment of medical men, and the topographical relations of public opinion to medicine. We shall defer that topic to another season for general points, more closely connected with matters of preliminary discussion.—Bishop Watson says, that there are but two ways to reach the summit of a pyramid, the WAY of an EAGLE, and the way of a REP-TILE.—We have strongly alluded in our last address to the profession and public, to distinct genera men in medicine, agreeably to a witty comparison of Swift. We shall speak more comprehensively of the way of the eagle, when we come to the sketch of the “man of genius and talent in medicine,” than now; we must confine ourselves to the philosophy of medicine, as respects the conduct of medical men and the world towards each other. All the evils in the profession have been imputed to the world, and to the conduct of those medical men whom we have called the “Cylindricals,” for the want of a happier term.—We shall sum up the substance of what has been urged by our medical and other philosophers, from the earliest periods, against the world. When the London College of Surgeons applied for prohibitory safeguards, for protection to themselves and the people, against quackery, Old Sir Benjamin, or the present Sir John Hobhouse, the last a philosophical Reformer, but now a Whig, who formerly saw straight in most things, but, it is said, now squints, asserted in the House of Commons this truism—“That quackery is in concert with the feelings of the human mind.” The Edinburgh Journalists, Professor Duncan, jun., and Co., in full possession of corporate and academic pride of place, also assured us “that human nature was in fault, and that the *abuses* of medical *practice* and medical science were founded in the principles of the human mind.”—Now we do not disagree with these truisms, nor with any self-evident truths as such, but with the corollaries which *one minister* and certain *placemen* have drawn from them, a matter upon which we shall by-and-by join issue with these same philosophers, and comfortably provided men, most certainly to their confutation and defeat, as waverers, sham or mock reformers of medicine, and indirect extenuators of quackery.

Admitting the positions of Sir John Cam Hobhouse and the Scotch illuminati to be self-evident, what are the distinct allegations made against mankind, by the enlightened of the earth—in relation to the abuses of the medical profession? A very able writer observes, “that there is a PRINCIPLE of CREDULITY and DELUSION in the human mind relative to medicine, which always fixes upon some particular being or thing; and however it may shift its object according to caprice or fashion, or loss of confidence, it never ceases to exist, but returns to the fiction again in some other form or shape at all present and future periods.

We believe that the history of mankind, from the time of Hippocrates to the present day, is a proof of this truth. We may glory in our supposed superior discernment, over our unenlightened ancestors, but those who shall follow our statements and facts will find, in the folly and gullibility of the present race, far greater scope either for ridicule or commiseration. The contemptible artifices, which are received with blind and implicit confidence

by the plurality in one age, are regarded sooner or later as delusions by their successors. How apt are men to laugh at their predecessors, and vaunt themselves of the superior perspicacity of their own faculties, though the same principle, or old stale trick, revived in another form, like an old friend with a new face, by some harlequin changes, makes as great fools of the wise in their own generation, as of the children of light who went before them. Ephraim Jenkinson will never die, so long as there shall be a Dr. Primrose, Vicar of Wakefield, and any of the Flamborough family in the world. So long as there be fools, so long will there be knaves; and so long as there be dupes, so long will there be quacks. But that is no reason why we should not endeavour to diminish the nuisance.

Voltaire says, that the history of half mankind is the history of nothing but imposture; and Beddoes, who quotes him, adds, that the GREAT ILLITERATE in England constitute TWO-THIRDS of the whole nation, and “form a natural ambition of honour and respect in which they may *shine*, and make a *noise* with *little abilities* and attainments.” We fear that most of our countrymen are but frigidly acquainted with Truth, and her daughter Reason. In our philosophy, we do not consider all mankind YAKOOS with Swift, nor something worse with Voltaire, but we regard them as Bipedes Implumes, or TWO-LEGGED FOOLS. It is ignorance, says Beddoes, that commits, encourages, and suffers from abuses, for there is a secret link between folly and cunning. “*Simalia similibus—Like loves like.*” Gross gullibility is the natural weakness of the highest and lowest classes of people, because their mental energies and moral passions are not called into action, like those of the middle and business classes, who have therefore more experience and real knowledge of human nature, and are not so easy to be imposed upon. The blunders of the lower classes arise from their dense ignorance. The middle class have too much painful experience of human nature, and the origin of human actions, to judge wrong of motives, except when governed by interest, party feeling, or envy, which last are their worst passions.—It is delusion and folly which are got over by mean and grovelling arts; and probably in the most refined and barbarous countries, it springs from the same proximate cause, which is unsoundness of judgment. Lord Chief Justice Coke laid it down that no man is of perfectly sound mind; none except God himself. Dr. Uwins says the same. Cullen and other authorities assert, in a negative definition of partial sanity, that “man is neither marked by the absolute alienation of reason, nor the perfect possession of it.”—The fashionable people and gentry of this kingdom are the main instruments of supporting and propagating medical delusion. The preference and rejection of medical men is regulated by clicques, coteries, and manœuvres. When not led by delusion, they are often directed by worse feelings and passions, the abuses of which we shall expose. Venner says: “The gentlefolks of this our age, for the most part of them, very greatly wrong their judgments and understandings, in taking physic of the unlearned, and do not wrong themselves but others, for the meaner sort of people follow their example.” When, in Hogarth’s ‘March to Finchley,’ the soldier clapped a hen into his pocket, the chickens followed: the middle and low class, instead of judging for themselves, are often none other than servile imitators of their betters in wealth, inferiors in understanding. It is often the misfortune of the gentry to be directed by rumours and reports, not submitted to severe scrutiny and the laws of evi-

dence. They are governed by those medical *facts*, or which Cullen says, “are nothing but medical *lies*.”—It is the natural misfortune, says Beddoes, of the great body of the Little Fashionable World, and not so much the Large, to render that conviction to credulity and delusion, which they refuse to solemn and irrefragable exposure of the cheat or deceit.” What is called “fashionable conceit,” is a very strong feeling in the gay, refined, but feeble and frivolous world. People possessed of station and wealth generally assume infallibility in their opinions, and everything else *par excellence*, and have no need of the Vicar of Kilmarnock’s prayer—“Lord! gee us a gude conceit of ourselves!” We had a pretty good proof of this in the St. John Long affair.—But this is not modern; we ape the fashion of Romans, who knowing how the people were attracted by “Astutia,” gave them brazen images to worship, and, in the name of Folly, built them temples to Impudence, whom they made a goddess.

LECTURE ON THE CATHETERISM OF THE EUSTACHIAN TUBE,

BY M. MARTIN, PHYSICIAN TO THE ROYAL INSTITUTION FOR THE DEAF AND DUMB, PARIS.

THE conformation of the nasal fossæ is much the same in all subjects, but it often happens that the septum is thrown to one side; sometimes the inferior cornua is very large, and according to age there are certain varieties in these parts. We can take an account of all their modifications, but the introduction of the sound is always effected in the same manner.—To practise catheterism of the Eustachian tube, you must have a silver sound bent back in the form of the letter S; but Itard uses a straight sound, bent only at one extremity, and to this M. Meniere gives the preference. Before the operation the patient must be seated with his face to the light; the conformation of the nasal fossæ is to be examined; the surgeon takes the probe between the thumb and forefinger, and presents its beak to the orifice, and introduces it, gliding it along the floor of the nares. The concavity of the instrument must look downwards, the convexity turned upwards, and slightly inclined to the septum narium. When the point arrives at the superior border of the velum palati, the extremity of the probe is to be slightly elevated, and the operator knows when he touches the posterior surface of the palati, by an involuntary effort of deglutition in the patient, and it is here that some accident may possibly arise of a dangerous nature. According to M. Meniere, sometimes there is a fit of convulsive cough and vomiting; therefore, in order to avoid these inconveniences, great care is necessary to prevent the point of the instrument touching the posterior surface of the velum palati. Directly the involuntary effort at deglutition takes place, the instrument must be withdrawn a little, and its extremity directed outwards; this is known by the position of the little ring on the handle. On withdrawing it we find it arrive at a little ridge, which is situated near the opening of the tube, and it then falls into a cavity, and it penetrates into the interior of the tube. A little practice will render this easily done at the first effort; but when there is an alteration of the parts in the neighbourhood from some morbid condition, it is often necessary to grope about before the probe enters the cavity. In some cases it is utterly impossible to effect our object, but this can only be from malconformation. In this case we must use the sound of Deleau. This instrument has also another advantage, for sometimes there is an increased length of the tube, so that the silver catheter or

sound will not pass, on account of its inflexibility and the pain it occasions. Again, having observed that the aqueous injections only arrive in the cavity of the tympanum with considerable difficulty, Deleau has substituted an elastic for a silver catheter, for the injection of atmospheric air.

To practise insufflation of air, we must have a bottle made of gum elastic to fit to the catheter, by means of which we can blow into the ear. Now as the air is passing along the tube, if the parts be healthy there is a pure blowing sound, or a whistling; if there is a certain quantity of mucus present, we hear a true mucus rattle, but if the mucus be very viscid, there is a well-marked gurgling. If the obstacle be at the entrance of the tube, we must use the silver instrument, but if higher in the passage, it is necessary to employ the gum elastic one.

In some cases, it is impossible to practise catheterism by the nares, on the side which corresponds to the obliteration of the Eustachian tube. An exostosis or node often opposes the introduction of the instrument; sometimes a polypus will do so, and so may a tumour of any nature whatever. When the other side is free, we must introduce the probe through that; we must have one of greater curvature, two inches round. The catheterism, in these cases, is extremely difficult, and sometimes impossible, for from the great curvature of the instrument, it can scarcely be passed into the nares. M. Ménière thinks, that here it is better to employ catheterism by the mouth. But in this manner there is difficulty from the extreme sensibility of the parts about the palate, which causes much pain of the parts touched by the instrument for some days afterwards. To make the probe penetrate more easily, we must use a little crotchet to lift up the velum palati, thereby draw the latter forwards, and introduce the probe. Its point soon strikes the ridge just beside the opening of the tube, sinks into the cavity, and immediately penetrates the canal.

Catheterism by the mouth, however, is difficult in some persons who cannot depress the base of the tongue, or in whom the tonsils are enlarged. Infants will not bear the operation by either passage, the parts engaged being so very irritable in them. As a general rule, it should never be employed under seven years of age, though it has been successfully done between two and three. Sometimes there is a little hæmorrhage, but seldom of any severity; a troublesome coryza often follows the operation when frequently repeated. The air on entering the cavity of the ear, often causes intense pain. The mucous membrane is sometimes ruptured, and a submucous emphysema takes place on insufflation being effected. It extends to the external meatus, and over the whole face.

ASPECT OF MEDICAL REFORM.—The time are propitious! Many are the circumstance around us, which seem to invite us to urge onwards the great cause. Even the most bigotted begin to see the necessity of some change; and many men who have seats in parliament, however devoted on principle to ancient and existing forms, are beginning to admit the probable usefulness of such a change; for it is to their interest, and that of their families, that it should take place. Even the managers themselves of the objectionable incorporated bodies, seeing the inevitable approach of the hour of redress, make a show of introducing wholesome alterations in their institutions; that when the day of reckoning comes, they also may appear to have been busy in the general cause. Thus foes as well as friends conspire to render that cause successful.—*Dr. Granville's Oration on Medical Reform.*

CASES TREATED BY H. HOUSTON, ESQ., SURGEON TO THE WESTERN EYE DISPENSARY.

SQUINTING FROM DENTAL IRRITATION.

S. T., æt. 17 months, a healthy child, of fair complexion, was brought to the Western Eye Dispensary, on the 29th of Nov. 1839, labouring under a squint of both eyes. This came on during the period of dentition, and was accompanied with smart attacks of fever. She had first small doses of calomel and rhubarb, but being of a gross habit, this was afterwards changed for jalap; a brisk action was then kept up on the bowels, and she had occasionally a warm bath; by these means the febrile action was subdued, and the daily improvement became most marked.—This little patient perfectly recovered from this disagreeable deformity, by the very simple treatment just described. I have no doubt of this affection having proceeded from dental irritation, and as such is very interesting, as it clearly proves that if taken in time and properly treated, this unpleasant disfigurement might in many cases be prevented.

PURULENT OPHTHALMIA TREATED BY ANODYNES.

M. T., æt. 2½ years, was brought to the Western Eye Dispensary on the 1st of July. The child is of fair complexion, and of the strumous habits; the eyelids are œdematous, and can with difficulty be separated; the conjunctiva highly inflamed, and covered with purulent matter. Her mother informed me, that about ten days ago the child's chin broke out in large pustules, which burst and discharged very freely, and at this time the disease of the eye made its appearance, skin hot and dry, pulse excited, bowels constipated; was ordered to take an aperient powder every night, and to have the eyes well and frequently washed out with the following collyrium:—

R. Liq. Plumbi Acet.
Liq. Opii. sed. aa 3ss.
Aq. Distillat. ʒvj.
Misce. ft. collyrium.

This little patient was brought to my house for two or three consecutive mornings, when I had the pleasure of finding that by steady perseverance in the frequent application of the above soothing collyrium, combined with cleanliness and proper attention to the bowels, the disease disappeared in a few days, without any injury to the cornea.—I consider it probable that this case originated from the local application of purulent matter to the conjunctiva; and it is only to be wondered at, that these cases are not more common among the lower classes, from the habits of filthiness so common among them.

MUSCLE VOLITANTES FROM IRREGULAR ACTION OF THE BOWELS.

A. M., æt. 18, applied at the Western Eye Dispensary, on the 18th of January, 1840, complaining of the disagreeable sensations excited by a constant appearance of dark spots floating about in the air, more particularly in a bright light, and while looking upon a white object. This appearance is more strongly developed in the left eye than in the right, which last presents a much less watery state than the other. Says that these symptoms were preceded by heat, *which still continues*, and a feeling of sand in both eyes, pulse natural, bowels irregular:

R. Liq. Alumin. c.
Liq. Opii. Sed. aa 3ss.
Aq. distillat. ʒiij. M. ft.
Collyrium sæpo utendum.

R. Pulv. Aperients, st. sumend.

Remarks.—At first this case made little progress, and some new symptoms developed themselves; the patient complained of headache, heaviness, and disinclination to any exertion. The former collyrium was continued, and I ordered him a regular course of purgative medicines. Much relief followed upon their free action; they were continued, and at this date (May 18), the following is the state of the patient as noted in my journal: "Feeling of sand in eyes, and appearance of dark bodies floating in the air quite gone; there is still a slight watery condition of the eyes, but this causes no uneasiness. The languor has disappeared, and his general health is in all respects better."

FURTHER REMARKS ON SPASMODIC ASTHMA.

IN my former paper, I spoke of but few of the remedies used in spasmodic asthma, I shall confine myself to a very few, and merely mention their effects as I witnessed them.

BLEEDING.—I have had experience of bleeding in this form of asthma, in the following case only. About eight years ago, a patient, to whom I was called, had been blooded three times; if not made worse, he certainly had no relief from it. He had been in the habit of having two attacks each year, in spring and autumn; on this occasion, I placed over the whole chest a Burgundy pitch-plaister, containing one drachm of tartar emetic, and gave him hippo a d assafoetida in pills; the plaister produced a large crop of pustules, followed by a copious discharge of purulent matter, which lasted some weeks; up to this day he has not had a return of his disease.

APERIENTS.—In most cases of this disease, an unhealthy state of stomach, liver, and bowels, pyrosis, flutulence, constipation, or diarrhoea, in a word, dyspepsy, precedes the asthmatic attack, and I feel satisfied the fit is more frequently a consequence of deranged state of these organs, brought on by some irregularity of diet, than is commonly supposed; nor is it unreasonable to conclude, that the lungs of asthmatics should, on dyspepsy taking place, become sympathetically engaged through the medium of the pneumogastric nerve. If dyspepsy obtain, mild doses of blue pill and colocyth alone, or followed by a bitter purgative medicine, so as to secure one or two motions daily, until the tongue and secretions improve, is indispensable; but actual purging is objectionable, tending to prolong disease.

EMETICS.—At the commencement, particularly if a sense of cold or rigor precede the attack, or on the immediate approach of a paroxysm, an emetic often proves highly advantageous; mustard or sulphate of zinc are preferable to tartar emetic, tartar emetic causing much depression, either of which ensuing would confirm the attack.

ANTI-SPASMODICS.—Assafoetida, ammonia sulphate of copper, sesqui carbonate of ammonia, camphor, and æther, prove most useful, conjoined with henbane—Anti-spasmodic enemata offer a fair prospect of success. In the case mentioned by Dr. Mitchell, such was the relief, that his patient procured a self-injecting machine, which he had recourse to in his attacks, and always with benefit. I regret that in those cases in which I proposed their use, the patients invariably objected to them, so that I can state nothing from my experience.

COUNTER-IRRITANTS prove more immediately useful than blisters. The mustard cataplasm—this should be made with boiling water, spirit of turpentine answers better, but its smell is objectionable. Potassia tartrate of antimony would appear to have a specific action

in combination with croton oil it acts more immediately.

NARCOTICS.—Each and all complained of opium given internally, producing constriction of the chest, and stopping expectoration, also causing heat of skin, turgid countenance, heaviness of head, with confusion (iron, as also nitric acid, seemed to have a like effect); but laudanum, externally applied, produces marked relief, particularly after irritating the skin as mentioned before, or a plaister composed of opium, belladonna, capsicum, and Burgundy pitch, in the course of the dorsal vertebræ—smoking stramonium is sometimes of use; lobelia inflata has disappointed me; smoking tobacco frequently checks a paroxysm, but leaves great prostration, which is objectionable; good henbane is decidedly the safest and best narcotic for internal administration, it may be given at any stage of the disease; smoking the leaves of henbane proves useful.

DIAPHORETICS and DIURETICS are sometimes of service; James's powder, aq. acetat. ammoniæ, senega, squill, and cream of tartar, as imperial drink.

INHALATION sometimes assists in bringing on expectoration, but proves very irksome to the patient.

TONICS.—During convalescence tonics are of great service, quinine, sulphate of zinc, the bitter vegetable tonics, with nitro-hydrochloric acid.

DIET, &c.—The strictest attention should be paid to diet, selecting that kind of food which is found by experience to agree best, avoiding the use of vegetables and flatulent food; punctuality in the hours of meals, regularity in rising and going to rest, due attention to exercise, residence in a locality which experience has proved salutary, &c., tend much to ameliorate and prevent returns of this disease.

JOHN LENEY.

Bray, Co. Wicklow.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, August 6th, 1840:—

Charles E. Firth, Warwick.

Henry Powell, London.

William Smith.

W. M. H. Day, Bristol.

William Henry Fife, Newcastle-on-Tyne.

William Angus, Newcastle-on-Tyne.

William John Lomax, London.

Joseph King, Liverpool.

John Dale Hewson, North Shields.

Thomas Jacob, Cardiff.

During the past year 506 candidates have been examined, 414 of whom had received certificates of qualification, *ninety-two* having been rejected. Thirteen during the year received the especial commendations of the Court.

ON THE EMPLOYMENT OF SULPHATE OF QUININE IN ASCITES, CONSEQUENT ON INTERMITTENT FEVER.—We learn from the 'Gazette Medicale,' that Dr. Michael Levy has administered quinine with remarkable success in these cases. He considers that the persistence in the use of the quinine for some time after the cessation of the fits, has considerable effect in diminishing the ratio of internal congestions. Besides the splenic engagement, there are a series of serous effusions consecutive to this, which depending on the same primary cause he treats with the same remedy, and the practice has been eminently successful, not only in the hands of Mr. Levy, but also by Mr. Piorry, who has had extensive experience of its utility.

QUACKERY IN IRELAND.

THE following long interesting letter has been communicated to the editors of the 'Medical Press,' by Mr. Enright, of Ennis, who says:—On Wednesday, the 8th of July, 1840, I was attending the dispensary here, when a woman of the name of Barbara Hogan was brought to the Clare Infirmary, to be tapped for ascites. She lived at a place called Conolly, about nine miles from Ennis. I observed she was very weak and feeble, so much so, that she was carried upon a chair into the Dispensary by two men, her brother and her husband. Upon examination, I found the abdomen very large, and evidently distended with fluid—her breathing difficult—her extremities œdematous—her countenance anxious—her surface cold—and her strength exhausted. Upon feeling her wrist, I could not discover a pulse; and thinking this might arise from some unusual distribution of the radial artery, I examined the opposite fore-arm, still no pulse was to be found. Under these circumstances alone, without entering into any detail of others, it was to me evident that parecentisis of the abdomen was then out of the question, as it would be not only injudicious, but highly dangerous, and I declined operating. She herself and her friends urgently pressed me to do so, but I peremptorily refused, stating to them it was likely she would die during the operation. I immediately had some wine and other things given to her, directed some appropriate remedies, and she was taken home. On her arrival there, her friends sent for a celebrated quack, of the name of Michael Sexton, who lived in the neighbourhood, and requested of him to operate. This accomplished practitioner having, as I am informed, received a fee of five shillings, consented. He took a common lancet, and plunged it into the unfortunate woman's abdomen to the left, and within about two inches of the umbilicus, and on a level with it; and in a few minutes, from the shock and collapse caused by the sudden escape of the fluid, in her exhausted condition, this unhappy woman fell down dead at the feet of empiricism and ignorance. Next day I accidentally heard this melancholy history, and I immediately went and communicated the facts to Mr. Robert Green, the coroner. I accompanied him next day to hold an inquest; and upon our arrival at the church-yard, for the woman, in the meantime, had been buried, we were prevented from disinterring the body. The coroner returned to Ennis, and brought out a large force of police, and removed it into the town, for the purpose of a post-mortem investigation. I made the examination in the evening, assisted by my intelligent friend, Mr. Dan. Carrick. We found the liver extensively diseased, which was probably the cause of the dropsy; and we found the opening made by Michael Sexton's lancet in the situation above described. A verdict was found by the coroner's inquest: "That Barbara Hogan's death was accelerated by Sexton having performed an improper and unskilful operation." He was committed by the coroner to gaol, on a charge of manslaughter; and Judge Ball, at the assizes here, ordered, "that he be bailed to abide his trial at the next assizes; amount of security to be measured by the magistrate taking same." It is to be hoped this case may serve as a caution to other uneducated and reckless individuals not to tamper with the lives of the public, as this instance is a proof that however imperfect may be the law as it at present applies to quacks, still they are not so entirely free from the chance of punishment as they may imagine.—A brief account of this quack, Michael Sexton, may not be uninterest-

ing, in a medical point of view, and is rather a curious history. He is fifty-nine years of age, and has a wife and six children. I saw him this day in the Ennis gaol, in perfect health. He lives at a place called Cappanagara, near Clondragad, and within about eight miles of Ennis, and is celebrated in his neighbourhood for curing dropsy. On referring to the admission book of the Clare Infirmary, for the year 1835, I find he was admitted labouring under ascites, on the 20th of September, and that he left the hospital at his own desire on the 26th of the same month. He states he heard I had a bad opinion of his case, and that he left in consequence. On his return home, he got a brother quack of the name of John Mooney, who lives at Kilmally, to tap him—18 quarts of serum were taken away upon that occasion. On examining his abdomen, I found the mark of this operation, which was done with a lancet, situated two inches to the right, and one inch below the level of the umbilicus. After this, his abdomen became again gradually distended, and he got another quack of the name of Michael Sexton, a namesake and first cousin of his own, to repeat the operation. This I found, by another cicatrix upon his abdomen, was performed two inches below the umbilicus, and one inch to the left of the linea alba. His complaint still continued, and the abdomen filled again, and now he himself performed the third operation, and he actually tapped himself. The place I found by another cicatrix, that he selected, is situated two inches to the right, and just on a level with the umbilicus. At this time he says his legs and scrotum were greatly swollen, and œdematous, and that the effusion into the abdomen again recurred, when he took the following combination of medicines, with complete success, and entire restoration of health. This is the nostrum by which he has acquired his own celebrity in this part of the country for the cure of dropsy. He was a prisoner in the gaol here, about eight years ago, upon a charge of being concerned in the murder of a serjeant of the name of Robison, of the 5th regiment, whose melancholy fate excited intense interest in this place at the time it happened:—Take of—

Cuckoo Flowers, (Cardamine Pratensis,)

Wild Geranium, (Geranium Sanguiforme,)

Of each one ounce and a half.

Infuse in a quart of boiling water, and strain. Add, sweet spirits of nitre, one spoonful (3ss.) This dose, a wine-glass full three times a day.

It is undoubtedly the duty of a wise government to protect, as far as in its power, all classes of the people from the peril to which human life is exposed by the sale of dangerous medicines, and by the employment of reckless and ignorant pretenders; and it is also the duty of every qualified medical practitioner to support the respectability of his profession, and to protect his own interests by embracing every fair opportunity of detecting and punishing such men as Sexton. He will look in vain to the chartered bodies for protection. No—he must protect himself. This subject requires and deserves the cordial support of every medical man. The exposure of even one instance of empiricism may not be without its use; and yet it must be admitted that it is by the union amongst themselves, and by the co-operation of medical practitioners, and their application to the legislature, that the suppression of quackery can ever be accomplished, or medical reform ever achieved. Then how strange and disheartening it is to behold the apathy and indifference exhibited upon this all-important subject!! Any one unaided individual makes a vain attempt to put down medical empiricism; but if all were united the desired

end would soon be gained. When united exertion is spoken of, the mind naturally turns to the Medical Association of Ireland—a body from which the country practitioner especially, however remote may be his situation, if he become a member (and who will now refuse to join it?) will be sure to meet with support and protection.

In this part of Ireland there are at least three quacks in every village, even in the remotest districts. The inoculator, the bleeder, and the bone-setter. As for the first, since the passing of the Vaccination Bill, "his occupation is gone." These men must have done incalculable mischief in extending the ravages of small-pox: but they are so grossly ignorant, I do believe they are not aware of the mischief they occasion, and may perhaps be forgiven as "they know not what they do."—As to the bleeders, I have no doubt, from my own knowledge, but that they kill many persons by untimely and injudicious bleedings; yet I consider them to be the least dangerous class of the place.—The bone-setters in this district furnish many a melancholy case to our Infirmary, by mistaking dislocation for fractures—by pulling at scrofulous hip-joints thinking them to be luxated—by fracturing limbs that have united, after having been already broken, should these be at all deformed—and by producing mortification in fractured extremities by tight and injudicious bandages. Why it is that the legislature should think it right to protect the lives of the people by punishing inoculators, and should allow lives to be daily sacrificed by other quacks, I know not; but to me it does not seem to be consistent legislation. Some suppose that quackery will disappear, in proportion as the education of the people advances. In my humble opinion this is a futile expectation. St. John Long has clearly proved that people of high rank and extensive education may be among even perhaps the readiest dupes to quackery. When we see even in cities medical charlatanism imposing upon the mass of the people, we cannot wonder at its success in remote and isolated situations. I do believe that nothing short of legal enactments to punish unlicensed practitioners will ever put it down; and I see no good reason why the medical profession should be the only one left unprotected by the law.—The time, the labour, and the great expense incurred by every legally-qualified practitioner in medicine, evidently entitle him in justice to a corresponding protection from the laws; and yet if a man raise his voice against this curse of society, or seek redress from the law, he is accused of selfishness, and mayhap of ignorance too; and he has besides to damp his efforts the feeling that little advantage can be expected from the isolated exertions of any man. The quack is looked upon as a persecuted individual, and thus ever meets with sympathy, instead of exposure or punishment.

MEDICAL OBITUARY.

At the house of his father-in-law, Mr. William Striplin, of Lichfield, Mr. Wheatley, surgeon, formerly of Burton-upon-Trent.—At Dartmouth, George Wills, Esq., surgeon, of Whitechurch, aged 54, of a rapid decline, leaving a widow and two children to deplore their loss.—August 4th, at Hurst Tweedy, John Todd, M.D., aged 50.—At Paris, aged 91, P. P. Martin, Esq., surgeon for many years of Pulborough, Sussex.—At his residence, near Enniscorthy, on 18th of July, aged 65, John Furlong, Esq., for thirty years a medical practitioner in that town.

NAVY.—T. W. McDonald, to be Surgeon Superintendent of the convict-ship Lord Lyndhurst.—Assist.-Surgeons, — Dacres, M.D., Jas. Fisher, and J. Dill, (additional) to the Impregnable.

REVIEWS.

Cyclopædia of Practical Surgery. Edited by WM. B. COSTELLO, M.D., &c. &c. Part VI. Sherwood.

THE sixth number of this work opens with the conclusion of Mr. Ure's practical article on "Burns and Scalds," which is followed by one on "Bursæ Mucosæ," by Mr. Wickham, of Winchester.—Mr. W. agrees with the views of Dr. Hodgkin, as to the secreted fluid found in all bursæ, being a transition between serum and mucus; "which (he says) countenances the fact, that both the bursal and synovial membranes are interwoven in the lymphatics of the serous and mucous surfaces." The author treats of his subject under three distinct heads: 1, *Ganglion*; 2, *Thecal-inflammation*; 3, *Bunion*, and its complication with *corn*; and gives a concise, yet clear and practical, exposition of the nature and treatment of their abnormal conditions. With regard to the production of *bunions*, Mr. W. says, that pressure of *every kind*, or every degree, will not produce that morbid state. To produce a bunion, the pressure must be applied so as to receive a counter-pressure. It is generally produced by tight shoes or boots, which are worn for some hours of the day, and borne without much pain, and the tight shoe is taken off, so that the pressure is for a time *remitted*. These circumstances limit the degree of pressure, so that it acts on the parts as an irritant. The *bunion* is the bursa, but slightly thickened; the corn has an additional deposit of cuticle, with a bursa beneath it. Mr. W. recommends rest and poultices, and relieving the part from pressure by mechanical means, as the best remedial measures to be adopted in the first, or inflammatory stage; in the second, or suppurative, free incision, and to cause the surface to granulate. The next article is *Calculus*, by Dr. Willis, which is merely a reprint, *verbatim et literatim*, from his book on urinary diseases, and as such does not come within the pale of criticism. We would, however, advise the editor to be very chary of breaking faith with his subscribers again, in passing off stale productions for "*original dissertations*," which he undertook to furnish. Such plans cannot promote the respectability of either the work itself, or the author's name, and are worthy only of literary quacks, not of respectable physicians. A word to the wise will we hope be sufficient.—The next article of importance is *Cancer*, by Dr. W. H. Walshe, a splendid production, and one which certainly has not been surpassed by any of its predecessors. Of the 112 pages in the present number, 66 are occupied by Dr. Walshe's article, which, notwithstanding, is unfinished, and if we may judge from the very elaborate manner in which the author has treated these divisions of his subject now before us, he will, in order to do justice to the remainder of his article, be compelled to extend it a considerable way into the forthcoming number of the *Cyclopædia*. It is refreshing in these degenerate days, when hasty generalizations, crude theories, loose statements, prejudiced and dogmatical opinions, and, above all, premature and illogical induction, are so much the fashion, especially in medical writings, to peruse an essay, simple and severe in its style, close in its reasonings, and clear and lucid in its order, in which the author, unbiassed by preconceived opinions, groups together the experience of all other writers worthy of note, on the subject he is discussing, and combines it with his own, and then gives an unprejudiced and impartial exposition of the whole. Such is the manner in which Dr. Walshe has discussed the subject of Cancer, and we may say we rose from the perusal of his other dis-

sertation with feelings of pleasure and satisfaction. The author divides his article into two parts; devoting the first to the subject of cancer in general, in the second describing the disease as it occurs in those tissues and organs in which it is likely to come under the notice of the practical surgeon. In the genus cancer, or carcinoma, which he uses as synonymus terms, he includes three species, viz., *encephaloid*, *scirrhous*, and *colloid*; and after some preliminary observations on the variety of names that have been at various times applied to the disease, and the confusion arising therefrom, proceeds to describe—1st, the Anatomy; 2nd, the Physiology; and 3rd, the Pathology of each species separately; and concludes the first part of his dissertation with the *treatment* of cancer in general. Under the head Anatomy, are minutely described the *microscopical characters* of each species, as established by the investigations of Valentin, Gluge, and Müller. The *chemical characters*, as elaborated by the experimental inquiries of Hecht, Morin, Collard de Martigny, Foy, Mannoir, Wiggers, and Gugert; and lastly, the form or shape which carcinoma assumes in its several varieties. A somewhat similar clear and methodic arrangement is observed, under the heads "Physiology" and "Pathology" of cancer, which greatly simplifies this hitherto—especially to the tyro—perplexing and confusing subject; and if Dr. Walshe's article had no other claims to merit, this alone would be sufficient to entitle it to considerable respect and approbation. We hail with pleasure the accession of such a writer on pathological anatomy, and if the period of Mr. Costello's *recess* has been occupied in providing contributors of such high qualifications, we have but little reason to complain.

The Surgical Anatomy of the Perineum. By THOMAS MORTON, formerly one of the House-Surgeons of the University College Hospital.

IN this, Mr. Morton's first work, the anatomical descriptions, with some points of exception, are good; the deep perineal fascia or triangular ligament of the urethra, the superficial perineal and vesical fasciæ, are excellently given—but the plates are executed in a most unartistlike manner, and still more vilely coloured. But in bestowing this general commendation upon the text, we must also briefly point out the inaccuracies.

In plate 4, *Levator ani* muscle is represented as being at least ten times too thick; as to texture and bulk, it better resembles the *gluteus maximus*. Although we are aware that the lower part of the rectum above the anus is naturally capacious, still it is too large in this plate, in proportion to the size of the moderately distended bladder, and the size of the pelvis. Why the peritoneum upon the rectum should be a *light blue* colour we cannot conceive; surely it would be better in drawings which profess to give a natural representation of parts, to keep closer to the natural tints, the parts would be equally as distinct. The ureter, in this plate, is *three times as large*. In the diagram, illustrating the introduction of the catheter, too much space exists between the bladder and symphysis; nor can we hold with Mr. Morton, when he describes the "first portion" of the rectum, as it is against the concave surface of the sacrum, to be "the perpendicular portion;" this it certainly is not: regarding the natural position of the pelvis, it takes a direction downwards and backwards; nor should the lower continuation of the rectum, beneath the cul-de-sac of the bladder and prostate, be termed "the horizontal portion," for it passes downwards and for-

wards. In this description, the naturally very oblique position of the axis of the pelvis has not been sufficiently attended to. As to the text, we must notice the directions given for tying the internal pudic artery upon the spinous process of the ischium. Nothing could be more loosely described than this operation is; there is, moreover, no necessity of dividing the whole of the inferior sacro-ischiatic ligament, only a few fibres of its upper or outer edge—nor does it completely cover the artery at this point. The book is a good compilation of facts; and upon the whole, the anatomical description of the parts, with a few exceptional paragraphs, is excellent; it will therefore prove a useful work to the student, although it does not display a shade of originality.

The Retrospect of Practical Medicine and Surgery for 1840, &c. By W. BRAITHWAITE, M.R.C.S. Simpkin.

THIS is a very compact and useful production, offering 'an analysis of the British and Foreign Medical Journals and Transactions, or a selection of the latest discoveries, and most practical observations in the practice of medicine, surgery, and the collateral sciences, for the past year, made chiefly in reference to the treatment of disease.' This is Mr. Braithwaite's own statement of his objects and intentions, and the volume before us bears witness to the sound judgment of its compiler, who has performed an useful task in a very satisfactory manner. To such of the profession as want time or inclination to pursue the range of periodical medical literature, this Retrospect offers the medical facts and observations accumulated during the last six months. We perceive that Mr. Braithwaite has drawn upon the columns of the *Medical Times* in common with those of its contemporaries, British, French, and American, and we shall not fail to make frequent quotation in return.—As a specimen of the mode in which the papers are condensed, we extract

REMARKS ON SARSAPARILLA,

BY DR. HANCOCK.

(Abridged from the Med. Bot. Transactions.)

Dr. Hancock proceeds first to treat of the best way of choosing good sarsa; then of obtaining the active properties; and thirdly of the methods of preparing it for medicinal use. We confine ourselves at present to the last subject.

1. *Method of preparing sarsa by fermentation.*—The root is bruised and fermented with guaiacum bark, sassafras (ocotea), and several other plants of the country, adding liquorice, brown sugar, and a little yeast to hasten the fermentation; on these ingredients, when well bruised, pour boiling water; let it be stirred occasionally, and stand for a few days in the sun, or an equivalent heat, until fermentation is produced, after which it is fit for use, and the patient may commence by taking a small draught twice or thrice a day, and should increase the dose till some effect is perceived.—It usually produces an increased perspiration, and generally augments the urine and alvine discharge. Whether the disease arise from a rheumatic, scorbutic, syphilitic, or other foul taint of habit, or the abuse of mercury, the patient commonly obtains relief in a short time. The same remedy is there [at Angostura and at Para on the Amazon] found of great effect in removing obstructions of the internal viscera, as the liver, spleen, and kidneys. In ulcers and skin diseases, this compound is also a very efficacious remedy in a variety of chronic diseases.

2. *Another method may be employed, viz., by addition of Acids.*—Although fermentation is one of the most efficient means of obtaining the essential or more active properties of vegetables, it is not always convenient, requiring time for the preparation. I shall therefore notice another process, which I have experimentally found to be the most

ready and effectual method for extracting the active properties of this, as well as of vegetable remedies in general; that is, to infuse the bruised roots in boiling water, adding a little spirit and muriatic or sulphuric acid, and press them; repeating the infusion in boiling water, and again pressing out the liquor. A quart of this preparation will have more effect than gallons of the decoction prepared by the direction of the Pharmacopœias.

3. *A Compound Infusion may thus be prepared.*—By addition of wauk root (Bignoniaceæ), kuruta, bark of guaiacum, of mara or haiowa balsam, with liquorice and aniseeds; it forms a most valuable alterative, restorative, and antihæctic remedy; one of great power in gout, rheumatism, cutaneous eruptions, internal or external ulcerations, and even in vomica of the lungs, and is very efficacious in obstructions of the viscera. It is also a powerful remedy in syphilis, and one that does not require the assistance of mercury. This will scarcely be assented to, but the assertion would not be advanced had I not seen its effects fully demonstrated. It operates without deranging the general health, and forms the best remedy against the ill effects of mercury. Yet this may occasionally be given in a very light course, (avoiding salivation,) or antimonials, alternated with alkalis, chalybeates, or with iodine: affording a method which may be resorted to, with much confidence, in leprosy, in foul or cachectic diseases, and in glandular, scorbutic, and cutaneous affections.—Its effects are greatly assisted by the employment of the vapour bath, warm clothing, a moderate bland diet, the use of milk and vegetables, barley-water, &c. With such a regimen it may be employed with vast advantage, not only in chronic complaints, but also in many inflammatory ones; and with the above-mentioned auxiliaries it is one of the most effectual remedies in *scrofula*.—The preparation will remain unchanged for a great length of time, by adding a few drops of siruba, or essential oil of cloves, which, with the acid, prevents the growth of vegetable fungi, or any elementary change.—Muriatic acid (or sulphuric) is often added as an adjunct to strained infusions and decoctions, but in the method herein described, i. e., by *previously* adding the acid, we evolve the alkaloid or the more active principle of the vegetable, which, in general, is found to be but partially soluble in simple water; at the same time other medicinal principles are preserved,—not rejected, as in the process for obtaining quinine and other alkaloids: for we should not assent to the false induction, that these (quinine, &c.) contain all that is valuable in the substances operated on. If such were the case, our infusions and decoctions, as hitherto prepared, would in fact possess little or no value; for the quinine, it is found, remains in the dregs or residue of the common decoction or infusion of cinchona.—I should judge, then, that the method now recommended might be employed with important advantages in forming most other vegetable infusions, decoctions, syrups, and extracts.

The author then advances an opinion, with which we cordially agree, and in which almost every practical man will coincide. He says: A judicious *combination* of old remedies is of more importance, perhaps, than researches directed to new discoveries; and to this point I could wish to draw the attention of the Society, because since men have perceived the folly of ancient polypharmacy, as instanced in the Methridates, Theriacs, &c., they have run into the opposite extreme, and substituting endless chemical and pathological speculations, they have rendered medicine of less avail, by extreme simplicity of prescription; hence, notwithstanding the *march* of modern science, it does not appear that the practical or only useful part of medicine is much advanced; I should rather say, that, in point of real utility or efficiency, it has retrograded since the time of Sydenham.—The fact is, that along with many absurd reveries of the ancients, the moderns have rejected their practical rules, formed on the experience of preceding ages; for it must be acknowledged, that the more useful part of medicine has been derived chiefly from empiricism, that is to say, from observation and experience.

PROVINCIAL MEDICAL AFFAIRS.

KILKENNY.—MEDICAL ASSOCIATION.—This, one of the most useful of the local associations, held a meeting on the 27th ult. After the transaction of reform business, Dr. Stirling's paper was read, detailing an interesting case of emphysema, which ended fatally after a third operation.—Dr. Lalor narrated an interesting case of pneumothorax, and Dr. Cane detailed two cases of emphysema, one of which recovered, the matter having made its way through the bronchia.—Dr. Swan narrated one of his cases of ascites consequent upon acute hepatitis, the remedial measures used with success being blisters over the hepatic region.—Drs. Cane and Cranfield described cases of recovery occurring under full diet after the failure of ordinary remedies.—Dr. Cane, in alluding to pathological examinations, mentioned a case where he witnessed the formation of false membrane on the pericardium, and a case of enormous dilatation of the right ventricle, its parietes being thinned to the thinness of bladder, and so soft as to break under the nail, and yet the patient had not died of cardiac disease.—Some valuable remarks were elicited on heart disease generally, after which the meeting separated, having arranged to meet again on the 24th of August, when they are to dine together, and hold a "medical conversazione,"—subject, "Fever."

We call the attention of other local associations to the Kilkenny one, feeling perfectly satisfied that the course it has adopted of blending the discovery and literature of the profession with its politics, is the one best calculated at once to prolong the existence of such unions, and to make them a valuable means of bringing medical men together for the twofold purposes of social intercourse and mutual instruction, while the ultimate tendency must be professional advancement and elevation.

LIMERICK.—SOUTH WESTERN MEDICAL ASSOCIATION.—The Annual General Meeting of the South Western Medical and Surgical Association took place on the 20th ult., at Limerick Dispensary. The President, Dr. Griffin, stated, that as it was the intention of this Association to connect themselves with the central one in Dublin for the purpose of effecting a judicious reform in medical education, and of advancing the interests of the profession generally, it had occurred to him (the Chairman) that one of the first steps was to induce the Dublin Association to bring once more before the Legislature, a medical charities' bill, which, (if passed,) by establishing a central medical board in Dublin, would protect the profession from injudicious interference with the medical charities, and secure to the public and the poor a more economical and efficient management of them.

TULLAMORE.—MIDLAND MEDICAL UNION.—A Meeting of the Members of this Society was held, pursuant to notice, at Tullamore, on Friday, 24th July, Dr. Kingsley, of Roscrea, in the Chair, when resolutions were adopted to the effect, that the zeal of the members in the cause of Medical Reform continues unabated, and pledging themselves to persevere until its valuable objects shall be attained in the most complete and comprehensive form, by the establishment of a simple and uncomplicated medical code, by which the public shall for the future be insured a class of practitioners, educated according to a uniform and sufficient standard, which shall suppress the disreputable competition at present existing amongst licensing bodies, and which shall put an immediate stop to the practice of medicine, or the sale of active chemical prescriptions, by the ignorant and unqualified.—The next Meeting of this Society will be held at Roscrea, Oct. 21.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—31st Foot, Assistant-Surgeon Geo. Wm. Macready, from the 52nd Foot, to be Assist.-Surgeon, vice Ayre deceased.—52nd Foot, Andrew Skene, gent., to be Assist.-Surgeon, vice Macready, appointed to the 31st Foot.

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SKETCHES OF THE COLLEGE.

THE LIBRARY—III.

BUT let us return to the Library.—Leaving Sheldon's portrait, the next picture is the most striking one in the room. It is by Holbein, and displays all the characteristics of his style. It has, too, the likeness of the king who patronized that painter, and whose figure and lineaments, mainly through the pictures of Holbein, are so familiar to English eyes. There is the bold scrutinizing look—the countenance half intellect, half animal—the bluff mein, 'full paunch,' and affectionate knees of the eighth King Henry; the man who reformed a religion that he might repudiate a wife, and who cured all obstacles with one prescription—the disarticulation of the cervical vertebræ of those who opposed the sacrifice of 'man to his anger or woman to his lust.' Behind the king are some of his ministers—the features conveyed with all the minute fidelity of Holbein. Among the rest is Sir Thomas More—the profound statesman and the true philosopher, whose intellect contributed so greatly to the prosperity of his master's reign, and whose "traitor's" skull for so many years formed the ghastly decoration of London Bridge in testimony to that master's gratitude. Before the king, in the attitude of grateful humility, are the *Companie of Barber-Chirurgeons*, a well-cropt party, receiving at his hands a ratification of the charter of incorporation granted to them by Edward the Fourth. They are said all to be portraits, and they are so life-like we might swear that they are good ones, and worthy of the master who placed them on the canvass. The picture altogether is excellent, is suited to the situation, and of priceless worth to the College. It is said to have been bought for two hundred pounds—it would sell for two thousand.—Leaving Holbein, who by the way was something of an anatomist, the next portrait is that of Sir W. Blizard, in the robes of office as Professor of Anatomy. It is painted by Opie, who cuts but a sorry figure by the side of old Hans. Many of our seniors will recollect the terror once conveyed by Sir William's name,—his face, as given us by Opie, scarcely conveys such character, and is but a common-place affair. Next we have William Cowper,—Cowper, of *Cowper's Glands*, as a genealogist might say—and then David Middleton, and then Robert Warner, of whom Mr. Wadd tells us something good in his *Nugæ* or his *Mems*, we forget which. Then follows one whose name is not attached, and is perhaps unknown, which might set us in a philosophizing gossip were we i' th' vein, upon the futile attempts of small minds to attain a small *immortality* at the hands of the sculptor, or the painter, and we might recollect David's story of Napoleon's comments anent such things. After the Face of the Nameless we have Robert Warner

in a prime wig, then another of the Nameless, and then Belchier, whose appearance answers to his name; a burly man, in a full-bottomed wig. He was the pupil and friend of Cheselden, and in his celebrated master's admirable work on the Bones, Belchier's portrait appears in the frontispiece in all the *otium sine dignitate* of a dressing-gown. Leaving Belchier we have the third of the Nameless, and then John Wilson, next Nourse, sen., and lastly one whose epitaph seems to be "that he died while president of the College." This furnishes the portraits in the Library, and though we look round in vain for the pictured counterparts of many we might desire and fairly *expect* to find, still we would not lose one of those old pictures of good old surgeons which we have, or exchange them for all pictorial treasures of the Vatican. The room itself is a right good one. It is large enough to be imposing, and small enough to be comfortable. The deep niches of its windows are very havens of enjoyment to a bibliophile. Soft capacious arm-chairs, tables large enough to carry a very pyramid of books, and,—wonder of wonders for a library,—ink unchoked by dust. Then we may get what books we require and get them *quickly*,—a praise we may not award to most public libraries, and least of all to the Library of the British Museum. There are two librarians; the librarian, Dr. Willis,—a Scotchman, with his native accent strong upon him, and author of several medical works,—who receives all the salary, and a *deputy*, Mr. Stone, who does all the work. The Doctor is a quiet-looking man, with a very subdued air, and having more the appearance of a Presbyterian preacher than of a practical surgeon. He is very ready to afford information, and as far as we may judge from one conversation, his reading appears to have been sound and extensive. His work on Diseases of the Skin may form the subject of another notice. The Deputy, Mr. Stone, is a younger man, and may be called a chip of the College, seeing that he was born in the building. He is the son of the elderly gentleman, to whom pupils are so very civil when they go to register or give in their schedules, more especially when said pupil is of a timid temperament, or fears some flaw in the papers, and when the said elderly gentleman's manner happens to be, which it sometimes is, slightly acidulated. But as Mr. Stone, *senior*, is a very worthy *old* servant of the College, and as it were part and parcel of the institution, so is Mr. Stone, *junior*, a very active and obliging *young* one.

COURT MEDICAL APPOINTMENTS.—Prince Albert has appointed Sir James Clark and Dr. H. Holland to be his Physicians in Ordinary; J. Forbes, M.D., and T. Gordon, M.D., Deputy-Inspector-General of Hospitals, to be Physicians-Extraordinary; Sir B. Brodie, Mr. Travers, and Mr. Aston Key, to be Surgeons in Ordinary; and Mr. Nasmyth to be Surgeon-Dentist.

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FRACTURE OF THE CLAVICLE—CAPULA—HUMERUS—NECK OF HUMERUS—SHAFT OF HUMERUS—INFERIOR END OF HUMERUS—FORE-ARM—CARPUS—METACARPUS—PHALANGES OF THE FINGERS AND THUMB.

WHEN you consider the form, the position, the connexions, and the office of the *clavicle*, you will not be surprised to find that it is very frequently broken. The clavicle is a bone of rather slender substance, and elongated in its form. It is situated at the upper and anterior part of the chest, where it is covered simply by the integuments; so that, in fact, its outline is distinctly visible through the skin. It is placed between the sternum and the scapula, to both of which it is articulated; and it serves to keep the scapula, and through it the whole of the upper extremity, at a proper distance from the sternum, so as to give to the arm a free range of lateral motion. But for this bone, the scapula and upper extremity would come forward over the chest; and, indeed, were it not for the clavicle, the upper extremity would come forward, and correspond in man to the situation of the anterior extremity in quadrupeds. The clavicle is a kind of *pivot* upon the trunk on which the upper extremity turns. Under these circumstances, the clavicle is frequently broken by direct violence, that is, by blows inflicted immediately on the bone itself. It is also liable to be broken in consequence of violence communicated to it through the medium of the upper extremity. Thus, when a person falls to the ground, and stretches out the arm to save himself—if he fall on the shoulder, on the elbow, or on the palm of the hand—in either of these cases the clavicle is included between two forces, and the bone gives way at its weakest point, which is generally towards the middle.—Generally speaking, the fracture of the clavicle is *single*, that is, it consists of one fracture only; but in the case of a violent blow, the bone may be broken at more than one place, and there may be great ecchymosis of the surrounding parts. By such a direct blow, the comminuted portion of the clavicle may be depressed upon the axillary vessels and nerves, and produce symptoms referable to pressure upon those parts. Fractures of the clavicle, also, may be either simple or compound—the latter very rarely. When the clavicle is broken, it depends on the situation whether there will be any considerable displacement. If the fracture take place at the scapular end, that is, within about an inch or an inch and a half of the articulation, there will not be any displacement, because the under surface of the clavicle is there closely connected to the root of the coracoid process by a ligament. Likewise, if the bone be broken near to its thick part—near to its sternal end, it is generally not displaced. But these are the most unusual situations in which a fracture of the clavicle is likely to take place; it more commonly gives way towards its middle, and then there is usually considerable displacement.—When the clavicle is broken, the shoulder being no longer retained by the bone in its proper lateral situation, advances towards the sternum; the shoulder moves onwards, or towards the middle line of the body; and this carries the scapular end of the fragment under the sternal end. The shoulder also sinks; for the clavicle forms a support to the upper extremity, by the weight of which the scapular end of the clavicle is dragged downwards. The principal displacement, then, is inwards and towards the sternum, and that necessarily occasions a riding of the bones; it necessarily occasions the sternal end to overlap or ride over the scapular end.

Symptoms.—When the reduction is effected,

which it easily is, there is a manifest grating or crepitus. The deformity that is produced by the displacement of the fragments is visible externally; and, in fact, if the clavicle unite with its two fragments displaced, this disfigurement is more or less visible afterwards, a circumstance which, of course, it is very desirable to avoid, supposing it to occur in females, with whom that part of the body is usually exposed. The motions of the upper extremity, that is, those motions which the upper extremity performs upon the trunk of the body, are effected with pain, and they are limited, more especially the movements upwards. A person, when the clavicle is broken, cannot, without much pain, raise the arm. The under motions, those that are performed with the arm hanging down, may take place without much inconvenience. In consequence of the sinking of the shoulder, the patient generally turns his head and neck to that side; and he will be inclined to support the elbow with his other hand, in order to ease the pain; such is the kind of attitude in which he will place himself.

Treatment.—It is very easy to reduce or replace a broken clavicle, but it is by no means easy to retain the fractured ends in exact apposition, so as to produce an union in which there shall be no deformity. If you lift up the elbow, carrying the shoulder a little backwards and outwards, you can bring the broken clavicle into its proper place; and if you can keep the upper extremity in this situation, you, of course, can maintain the position of the fragments; but this is the difficulty; you cannot apply the means of retention so as to bear exactly upon the broken bone; you can only act upon the broken ends of the clavicle through the medium of the shoulder. Although moving the arm outwards, to elevate it so as to get the clavicle into its proper position, does not occasion much inconvenience, yet retaining the limb in this position soon becomes exceedingly troublesome to the patient, for many of the apparatuses that are used for this purpose gall the patient, producing excoriations. Several of the modes of bandaging that have been invented for fractured clavicle act pretty well while the patient is in the erect posture, but when he lies down, the shoulder being pushed forwards, the bearing of those applications is considerably altered, so that they no longer produce the proper effect, especially if the patient lie on the side on which the accident has occurred.—The modes of retaining a fractured clavicle in its situation which have been generally practised, act by drawing back the shoulder altogether. The figure-of-8 bandage is one which has been most commonly used; this consists in applying a bandage round the two shoulders alternately, and crossing it over the back, so that the turns round the shoulders represent pretty accurately the figure of 8. In that way the two shoulders are usually equally drawn backwards and inwards. There is a bandage which was invented by Brasdor, and it is very similar to the figure-of-8 bandage. It consists of a square piece of leather, adapted to the part, and two straps which go round the shoulders, and are buckled to two passing round in the opposite direction. This piece of leather is split into two in the middle, so that the force is applied as in the figure-of-8 bandage. Both of these modes of proceeding are attended by a very considerable degree of pressure on the under part of the axilla. The skin is rubbed, fretted, and excoriated, and great inconvenience is thereby experienced. The shoulders are not only drawn together posteriorly, but the scapular end of the broken clavicle is pushed somewhat under the sternal end, as you will at once perceive. Now, you want some force that will draw the shoulder connected with the broken clavicle outwards, and not inwards or towards the middle line of the body. Desault observing the defects of these ordinary bandages, very properly conceived that the principal object in a broken clavicle was to draw the scapular end of the broken bone outwards, to remedy the disposition which exists in the shoulder to fall towards the sternum. He said the principal indication was to pull the shoulder outwards in the lateral direction, and the scapular extremity of the clavicle connected with it; and he thought that the best mode of accomplishing this was to employ the

humerus as a lever, placing a cushion in the axilla as a fulcrum. This cushion is thick at its upper part—of between three and four inches in thickness, and gradually tapers off, becoming thinner below, where you do not require any cushion. When the cushion is placed into the axilla, the arm is brought down to the side; thus the upper extremity of the humerus is drawn out, in doing which you likewise bring out the part of the clavicle which is connected with it. Desault used a peculiar apparatus for the purpose of meeting his views, but it was so complicated that it soon got, in a great measure, out of use, and I believe is not now employed at all. However, the principle of placing the cushion in the axilla, and of carrying the upper end of the arm over it, is undoubtedly perfectly correct, and constitutes one of the important points of treatment. In order to get rid of this complicated bandaging of Desault, Boyer, employing the cushion, at the same time used a body-belt fixed by straps and buckles, something like a fractured rib bandage; around the lower part of the arm was a portion of web, with straps, corresponding with buckles on the body-belt, and thus keeping the arm close to the side. I believe the best mode of treating a fractured clavicle will consist in applying a cushion in this way, confining the arm to the side by means of a broad bandage encircling the trunk and arm generally, supporting the elbow and the rest of the extremity by means of a sling carried over the opposite shoulder. By having the sling of a requisite length, you maintain the shoulder at a proper degree of elevation, you remedy that sinking which is the natural consequence of the accident.—There is a very great multiplicity of bandages and apparatuses for fractured clavicle; and from this circumstance we may infer, that not one of them is recognised as answering the purpose very properly. I should observe to you, that the difficulty of maintaining the two ends of this slender bone in direct apposition is so considerable, that I do not know any one of the processes hitherto recommended, that can be confided in for accomplishing the purpose very satisfactorily. It will usually happen, that more or less deformity will attend fracture of the clavicle; but there is this consolation in the case, that the deformity does not at all injure the subsequent motions of the part. We may see instances, indeed, in which the fractured ends are considerably displaced, in which the sternal extremity rides considerably over the scapular, and yet the movements of the limb are quite perfect. I have seen cases where the fractured clavicle has been united, really about as well without the application of any bandage at all, as where bandages have been applied. I remember an instance of a gentleman who called to consult me, saying that he had fallen about a fortnight or three weeks before, and from that time had suffered some inconvenience about the shoulder, but indeed that he should not have called upon me, except that he had mentioned the circumstance to a friend who had told him he ought to see a surgeon. I asked him if he could move the hand freely. He said he could. I asked him to put his hand to his head; he did so, but certainly not so well as he had ordinarily done. I requested him to move his arm about in other ways, and then I found he had broken the clavicle in the middle, and that the ends overlapped each other, but not considerably, while great progress had been made towards union. The imperfection in the motion of the arm was but slight, and the fracture had gone on healing without bandaging or any other treatment, and the overlapping of the ends was not very great. I could not recommend him any treatment, but to keep the limb quiet; it got quite well, and he had the use of the extremity just as well as if such an accident had not taken place.

Fracture of the Scapula.—The scapula is so much covered by muscles, and its connexions with the trunk are of such a kind, as to allow of its yielding under the application of external force, so that fractures are uncommon. Some parts, however, which are placed nearest the surface of the body, and which project particularly, may be broken,—the acromion especially, the inferior angle of the scapula, and more rarely the coracoid processes, and the neck of the bone.—*Treatment.* Now as regards

the inferior angle of the bone, the *acromion* and *coracoid processes*, all that we can do in cases of fracture of those parts, is to keep the upper extremity at rest; for when that moves, the scapula will move also; and we may perhaps, in some measure, assist the maintenance in apposition of the broken fragments, and the consolidation of a fracture, by the relaxation (through the peculiar position of the upper extremity) of a particular muscle connected with the broken part of the bone, or by the application of some local compress. We cannot, however, do much by any kind of apparatus.—Fracture of the neck of the scapula is spoken of as if it were a common occurrence. I have seen many cases said to have been fractures of the neck of the scapula. Now this part is so completely internal, it is so protected by the acromion, the clavicle, the coracoid process, and the head of the humerus, that we cannot well expect that it would be frequently broken; add to which, force applied to any of these parts loses its influence in a great measure by the yielding of the scapula. I should rather think, therefore, that fracture of the neck of the scapula is a very uncommon occurrence; and I am the more inclined to this opinion, from never having seen, in any anatomical museum, a specimen of such a thing. I believe that those cases so frequently supposed to be fractures of the neck of the scapula, are fractures of the head of the humerus high up. It must at all events be extremely difficult to establish a diagnosis in these cases; indeed, the detection of a fracture, when situated under considerable thickness of parts, which surrounds a joint, is attended with great difficulty; and, of course, it is still more difficult to arrive at a knowledge of the exact parts of the bone that may have been broken. In reference to treatment, however, there may be no material difference between that which we should pursue, if the neck of the scapula, or if the head of the humerus, were broken. In both cases, the weight of the upper extremity must be sustained by means of a sling; we press it upwards, and the humerus must be firmly bound to the side. That is the course of proceeding I should adopt, whether the neck of the scapula, or the head of the humerus, were broken.

Fracture of the Humerus.—The humerus may be broken in any part, from the head down to the inferior articular extremity.—Fractures of the neck of the humerus are very often spoke of. This is hardly to be understood in strict sense, because the neck of the humerus is the portion immediately surrounding the hemispherical prominence, articulated to the glenoid cavity, and this is a part particularly thick and strong, and therefore not likely to be broken. But when we speak of fracture of the neck of the humerus, we must include, I suppose, almost the whole of the space above the insertion of the deltoid muscle.—I have already mentioned that in these cases, to support the weight of the limb, and to keep it firmly fixed to the side, are the readiest means of maintaining the apposition of the broken ends. It may happen, if the situation of the fracture be low, so that we can feel the exact situation, we may assist the apposition of the fragments by placing a compress in the axilla, and drawing the upper part of the extremity downwards, inwards, or forwards; or even by applying a compress externally. There are minute points which must be judged of in every particular case; but I repeat that the general mode of proceeding must be by supporting the weight of the extremity, and maintaining the apposition of the fragments by confining the arm to the side.

Fracture of the Shaft.—As we have the whole of the shaft of the bone immediately under our observation, the existence of fracture is easily ascertained, and no difficulty is experienced in maintaining the broken parts in apposition.—We must relax the muscles attached to the humerus. In putting such a fracture up, we may apply a circular bandage to the upper extremity, commencing at the wrist, and carrying it upwards, continuing it over the elbow and over the fractured parts; then we may include the fractured bone in two, three, or four splints, according to circumstances. Occasionally, after using a certain portion of the bandage to accomplish the circular rolling of the limb which I have mentioned, some surgeons em-

ploy the rest in carrying it round the splints, so as to confine them properly to the humerus.—The humerus may be broken at its lower part, the fracture extending longitudinally into the elbow joint. Sometimes one of the condyles is broken off, the internal or the external; and, indeed, in the majority of such cases, the fracture embraces rather more than that part to which the anatomical term *condyle* is applied; it embraces a portion of the inferior extremity of the bone. In such a case there may be a longitudinal fracture, extending above the elbow joint, and a transverse fracture, forming the termination. This complication of injury generally gives rise to swelling of the joint, effusion of fluid into its cavity, pain in the part, requiring the application of leeches, or other antiphlogistic treatment, before we can proceed to confine the bone, with a view to its consolidation.—*Treatment.* When the inflammation has been subdued, we then confine the fractured parts by means of the same kind of splints that are commonly used for a fractured humerus. These, however, in some instances, do not completely retain the fragments of bone in apposition, and under such circumstances it is expedient to employ a bent splint that embraces the fore-arm as well as the upper arm. Another mode is, to apply a wetted piece of pasteboard, so as to form a case for the arm; to take it off when it is dry and line it with leather, or some other soft substance, and then it is found to be a machine very well adapted for retaining the elbow, fore-arm, and arm, in a proper situation.—After a certain time has elapsed, say at the end of a fortnight or three weeks, in the case of fracture extending into the elbow joint, or indeed in the instance of fracture extending into any other joint, it is expedient for the surgeon gently to move the parts—to give what we call *passive motion*.

Fracture of the Fore-arm.—The bones of the fore-arm may be both broken together, or they may be broken separately. In the former case there is a deformity of the limb, an angle; and a crepitus is felt on moving the bones.—When both bones are broken, the object is to retain them in a position parallel to each other, and to maintain them in a perfectly quiet state until consolidation is effected. The attitude of the limb, therefore, is that in which I now place my fore-arm and hand, the palm towards the chest, the thumb upwards, and the little finger downwards, so that the direction of the hand, the radius, and ulna, is the same. If you allow of any degree of pronation and supination, the bones are no longer parallel, and then the fragments, especially of the radius, will not be in apposition. It is not likely the hand will fall into the supine state, but if not supported it has a natural tendency to fall into the prone state, and then that fragment which is carried forward with the hand projects, and of course the bone unites in an improper position. Flexion, then, of the elbow at right angles with the humerus, the parallel position, whether one or both bones be broken, are the points to be attended to. Then you place a splint on the outer and on the inner side of the limb. Those splints ought to be lined with a thick compress, corresponding with the interval between the bones, and the whole to be then confined by a roller. The splints should be long enough to extend to the hand; at all events the inner splint should reach forward to the hand, so as to support the thumb, and prevent it from dropping.—A circular bandage is not well calculated for fractures of the fore-arm, because, in surrounding the fractured portions, you would bend the fractured ends inwards, and if great care was not taken, you might have the fracture united in such a way as to impede the motions of supination and pronation; such has been known to occur; indeed the necessity of preventing the inward displacement of the fragments of the fore-arm has appeared to some so important, as to induce them to recommend splints which are convex on the sides turned towards the bones, so that the convexity shall press inwards towards the interosseous ligament. The common straight splints will, however, answer every purpose that is required.—The radius is much more frequently broken singly than the ulna, for the radius constitutes almost entirely the articular surface which supports the hand; and fractures occur, in consequence of force applied to the hand, as in

cases of falling, when a person stretches out his hand to prevent himself from being hurt. Here you have not any great displacement of the fragments, or deformity. The treatment of the fracture, so far as bandages and splints go, is the same as if both bones were broken.—The radius is sometimes broken very near the wrist; and here the action of the pronator radii teres, and quadratus, will sometimes displace the fragments, by drawing the lower fragment forwards. It was proposed by Mr. Cline to let the hand fall downwards in this case, so as to have the short fragment of the radius drawn upwards. There is not, however, any great room for displacement in such a case.

Perhaps the most frequent fracture singly, is that of the *olecranon*, and the mode in which this part projects, renders it very much exposed to blows, or other violence, more especially in cases of falls; so that you cannot be at all surprised that fractures of the olecranon should be so frequent. In these occurrences you may either have a small bit of bone broken off that part which is immediately connected with the attachment of the tendon of the triceps, or the fracture may extend across the middle of that part of the bone which forms the great semilunar cavity.—This fracture is sometimes attended with considerable displacement, arising from a retraction of that portion of the bone connected with the tendon of the triceps; however, in many instances, that portion of the bone is not materially displaced; and, indeed, whether it be or not, we usually find, that if the elbow be brought into the extended position, the fragments are nearly, if not completely in apposition. The pulley of the humerus, on which the sigmoid cavity of the ulna plays in the motions of extension and flexion, and the excavation in the humerus just above the olecranon, contribute to fix the end of the ulna in its position, and to prevent any external displacement. The only displacement that can take place, is in consequence of the extremity being drawn up by the triceps. You will find, by observing the motions in a skeleton, that there is an inch, or an inch and a half of difference with respect to the position of the head of the ulna arising from the limb being in the bent, or in the straight position; if you bend the fore-arm, you have a displacement, not in consequence of the action of any muscles, but in consequence of the movement of the end of the ulna, from and upon the end of the humerus. It has been generally stated, that in fracture of the olecranon, you must keep the arm in a state of complete extension; that you must place a splint on the palmar aspect of the elbow-joint, covering the inferior half of the humerus and upper half of the fore-arm. Now, I must observe to you, that this is a very unpleasant position for the arm to remain in. Patients will not bear to be kept in this condition for the required period; a great stiffness is produced in consequence of the stretching of the ligaments and muscles which this position requires. In the majority of instances, this extension is unnecessary. In the instances where the fragments are not much displaced, the elbow may be kept in the half-bent position. You may apply a circular roller to the upper arm, commencing above and carrying it downwards, so as to prevent the contraction of the triceps. You may employ lateral compresses, so as to fix the broken ends of the olecranon in their proper position; then maintain this by pasteboard splints, accommodated to the form of the limb, one before and one behind, so as to encase the arm. Fracture of the ulna, at any part below the elbow-joint, is to be treated by the same applications and bandages which would be used in other fractures of the fore-arm.

Fracture of the Carpus cannot take place, except by extensive injury, which comminutes and extensively injures a great variety of bones. We do not find fracture of any one particular bone; the bones are too much surrounded by soft parts to admit of that.

Fracture of the Metacarpal bones of the fingers or thumbs must be treated by keeping the hand in a state of rest. So far as the metacarpus is concerned, the ends of the fractured bone are not generally displaced, so that if the hand be kept at rest, that will be found sufficient. In the case of fracture of the *phalanges of the fingers or thumb*,

small splints and rest are sufficient to answer all the necessary purposes.

The femur, like the humerus, may be broken in any part, from the immediate neighbourhood of the round head, which is received into the cotyloid cavity of the pelvis, down to the condyles, which rest upon the superior articular surface of the tibia. There is no portion of the bone between these two points which is not liable to fracture.

Fracture of the Neck of the Femur.—When you observe the comparatively slender portion which connects the head of the bone to the upper extremity of its shaft, to which the name of *neck* is given; and when you consider that in supporting the body upon one extremity, the whole weight rests upon the superior surface of the head of the femur, you would naturally expect that the neck of the thigh-bone would very frequently be broken; and we find that it really does very frequently experience this kind of accident, but not under the circumstance to which I have just alluded. The fracture of the neck of the thigh-bone does not happen, as we might suppose it would, when one limb comes to the ground, so that the weight of the body rests entirely upon the head of the femur on that side; but the great majority of instances happen in consequence of a fall upon the trochanter major, when an individual slips in walking, and falls down on that side of the pelvis on which the slip takes place; under these circumstances, the slender neck of the thigh-bone is exposed to the action of two forces in opposite directions—the impulse of the ground against the trochanter, and the weight of the trunk of the body, which is supported on the neck of the bone. After a fall of the kind alluded to, the patient finds himself totally unable to use the limb. He is assisted to rise from the ground, he feels that he cannot support the weight of the body on the lower extremity of that side, and that he is totally unable to use the limb. If you direct him to raise the hip or knee-joint, he will put his hand to the part, and attempt to raise it in that way; and you sometimes find, independently of this, that the limb can be a little raised by voluntary efforts upon the surface of the bed. The patient has very little power of turning the foot outwards or inwards; the motions of adduction and abduction are attended with very considerable pain. When you come to examine a patient who has experienced an accident of this kind, you find that the leg, that is, the whole of the lower extremity, is turned outwards. This circumstance may partly be ascribed to the natural position which the limb will take when left to its own weight; for if you place the limb straight on a level surface, and no muscular action occurs, the weight of the foot will turn it outwards; but no doubt it must be principally owing to the action of the muscles which affect the position of the thigh-bone, several of which, at the upper part of the limb, have the *immediate* office of everting or rotating the limb outwards, and several others have that office in a *secondary* way. Most of the large muscles that are implanted into the thigh-bone, derive their origin from the pelvis, the gluteus maximus, the gluteus minimus, the iliacus internus, the large abductor muscles—all these have the effect of twisting the limb outwards; the limb, therefore, goes into that attitude into which the action of the most powerful muscles will bring it, that of eversion.—The circumstances which I have now mentioned, show how to identify a fractured femur—a fall on the trochanter major, inability to move the limb by voluntary efforts, want of power, with eversion of the foot and lower extremity generally.—Then there is another circumstance which is characteristic of fracture of the neck of the femur, and that is, a *shortening* of the limb. When the neck of the thigh-bone is broken, the muscles which pass from the pelvis to the femur, or to the leg, by their contraction, have the effect of drawing the limb upwards, so as to make the inferior extremity of the fracture pass beyond the superior edge, so as to draw up the shaft of the bone above the broken portion remaining in the cotyloid cavity. This shortening of the limb takes place to various extents—seldom more than about an inch at the commencement of the accident. Sometimes the fractured extremity appears at the very beginning to be of the same

length with the opposite one; but there is a consecutive retraction of the muscles. The limb, which at first was of the same length with the other, becomes shortened within a little time after the occurrence of the accident. This diminution of the length of the limb is not a fixed or permanent condition. As it depends upon muscular action, you can put an end to it by applying a force superior to that by which retraction is effected. By pulling the lower end of the femur, or leg, you can bring the limb down so as to make it of the same length with the other. When you have done so, if you leave it loosely at rest, you may probably find it relapse into the former position. That is a peculiarity which distinguishes the displacement that occurs in fracture of the neck of the thigh-bone, from any circumstance that can be observed in *dislocation*, for in the latter accident the limb is almost immovably fixed in its unnatural situation.—If considerable retraction has taken place, you will not expect to perceive a *grating* or *crepitus*, because the displacement of the fractured ends occasions them no longer to correspond with each other; so that when you move them, you do not, of course, produce a grating, but crepitus may be felt after you have drawn the retracted limb downwards, because then you make the broken ends correspond. Still, as the portion of bone left in the os innominatum is not subject to pressure, it may move with the rest, when you put the limb into various situations, in order to try whether there is crepitus; it may move with the other parts, so that you cannot detect that symptom. I should say that, in the majority of instances of fracture of the neck of the thigh-bone, you cannot distinguish this particular evidence of the accident. You may expect to find it by drawing the knee down, then pressing up the bone, in order to fix the head in the acetabulum, and moving the different parts, so as to make them grate; but you are not to consider this as an essential part of the evidence denoting fracture of the neck of the femur, the combination of the other circumstances I have mentioned will be sufficient without this, to convince you of the existence of the fracture. Then I should observe to you, that the accident in question does not take place in young subjects; it seldom takes place even in the middle period of life; usually it occurs in persons who have passed that age, and more commonly in those of advanced years; it seems that in them the osseous system in general does not possess that solidity which belongs to persons in the early period of life, and that the neck of the thigh-bone particularly acquires a degree of softness, so that it more readily gives way under external force.—Then, in case of an accident, such as I have described, characterized by the symptoms enumerated, when the patient has been laid quiet in bed, and has either received as much surgical attention, or there has been such adjustment of the broken limb as may have been considered proper after the period which we usually find adequate for the consolidation of a fractured limb, when the patient gets out of bed, and attempts to use the member, the result of the accident will be found to be very various. In some patients, and particularly in the more elderly, the part which has received the injury seems to continue very weak. The patient has very little power of bearing upon the limb, using it, or supporting the weight of the body upon it; but, after some time, the patient gets about upon crutches, moving the fractured limb, however, very imperfectly, which imperfect motion perhaps continues throughout life, the patient being only able to drag the limb about in a cautious manner with the support of crutches and sticks. In other instances, the broken bone appears to acquire its proper solidity. About eight or ten months perhaps after the fracture, there appears to be so much strength in the broken part, that the patient can walk about with crutches, and soon finds that he can even dispense with the use of them, and that a tolerably perfect power of moving the limb, and of supporting the body, is recovered. The differences in these results, no doubt, arise from peculiarities in the circumstances accompanying the accident.—Now, in the first place, under this description of accident we may have a fracture passing completely through

the thigh-bone within the attachment of the capsule of the hip-joint, and we may have the bone with the membranes that cover it completely divided; we may have that part of the bone broken, but not completely through; we may have fracture of a part, and yet a considerable portion of the membranous investment remain entire. Instances have been known where the neck of the thigh-bone has been broken through, so that upon sawing, a distinct line of fracture has been perceptible, and yet the parts of the bone have not been at all displaced, nor any of the membranous surface ruptured. Under such circumstances, probably there was neither retraction nor eversion. Then you may have a fracture so close upon the point where the ligament is attached to the bases of the trochanters, that the fracture is situated externally to the capsule of the joint; or you may have a fracture partly situated externally to the capsule, and partly running into the inside. You may also have a fracture through the trochanter major itself; and although in point of situation it is very different from a fracture of the *true* neck of the bone, yet surgically in reference to the symptoms that are produced, and in reference to our power of diagnosis, considering the thick muscles that come over the joint, that accident passes during the life of the patient under the denomination of fracture of the neck of the femur. We cannot perhaps distinguish during life between it and fracture of the neck, and probably we cannot adopt any material course of treatment different in the two cases. Sometimes the neck of the bone is broken, and there is also some kind of fracture or cracking of the trochanter, and the broken neck seems to be driven in between the two trochanters, so as to become locked between them.—If the neck of the bone be completely broken through, and the membranous investment also divided, it has been found almost invariably that no union takes place in such a case, and that whether you examine the part early or late after the occurrence of the accident, the fragments of the bone are found to be completely disunited. If you examine a case of this sort at a late period after the occurrence of the accident, it seems that the neck of the bone had disappeared. You might also fancy it had been worn away by the friction between the ends of the bone; at all events the head which remains in the cotyloid cavity lies nearly in contact with the trochanter major. This is found so commonly to be the result of fractures occurring in that particular situation, that persons of great experience, who have investigated a vast number of such cases, have come to the conclusion that bony union cannot take place. And there are particular circumstances in respect to the position of the fragments of the bone remaining connected with the pelvis, which perhaps tend to explain this impossible, or very rare, occurrence of bony union. If the bone be completely broken through with the membrane covering it, the supply of blood which the head of the bone received from the arteries that ramify on the surface is completely cut off, so that the fragment in connexion with the pelvis no longer receives any vascular supply, except what comes to it through the small vessels passing from the ligamentum teres. The superior fragment then may be said to receive a very insufficient vascular supply after the occurrence of this accident. In the next place, supposing the soft parts to be completely torn through, the fragments of the fractured bone are not held together, and their union is not assisted by that swelling of the periosteum which I have told you constitutes the *temporary callus*, while the consolidation of the broken ends proceeds; and thus the neck of the thigh-bone is differently situated in the case of a fracture from that of every other cylindrical bone of the body; a help or assistance which exists in all the other cases of fractures in reference to connecting the fragments together, while their actual consolidation goes on, does not exist in this instance. Again, the retraction of the body of the thigh-bone, in consequence of the action of its muscles, which I have already described to you, occasions the broken ends not to correspond to each other. The fractured ends (I am speaking of a case of complete division of the neck) do not correspond to each other, and thus another condition

for consolidation of the fragments is wanting; and by the motions of the limb and pelvis in reference to each other, there is a constant grating of the broken surfaces against each other, and they are not at any time held in close and complete contact. Now all these circumstances tend to explain why it happens that, in the generality of instances, fractures of the neck of the thigh-bone are not consolidated when they take place under the circumstances I have mentioned.—In some cases, we find that the ends of the fracture, instead of being united, receive a kind of *smooth polish*, which almost forms an artificial joint. Here is a case of that kind. Here is a smooth, polished concavity, on the head of the thigh-bone, and a corresponding smooth, polished convexity of the upper part of the thigh-bone, consequent upon a fracture. And if you compare the head with the shaft, you will find the neck has disappeared; it is entirely gone.—Now the age of the individual in whom this accident takes place, the kind of softening which the neck has already experienced, and the imperfection of the restorative processes in general in advanced age, contribute to explain the want of that restorative power, which is necessary for the consolidation of the fracture. These circumstances, together with the examination of a great multitude of cases, have appeared so conclusive, and operated so strongly on the minds of those who have investigated the subject, that they have declared positively, that the neck of the femur when broken completely through, within the capsular ligament, *cannot* possibly unite by bone. Others have contended, that the neck of the thigh-bone may unite by osseous union, just in the same way as a fracture of any other part. That the want of union arises from the non-adoption of judicious means for the purpose of placing the extremities of the fractures in apposition, and of maintaining them in that situation. They have contended that, if well-devised means were employed for the purpose, we might expect fractures of the neck of the thigh-bone to unite, as frequently, and as favourably, as any others.

Now in order to prove that fracture of the neck of the thigh-bone *can* unite, it would be necessary to show us specimens of fractures that have united; because, if one case be shown, there is an end of dispute on the subject. I believe that the fact can be shown. I believe there are specimens showing that fracture in the situation I have mentioned *can* be consolidated by bony union; but probably those will not be found to be among the cases of the oldest subjects that have experienced this accident. Mr. Langstaff has pointed out in a paper which he communicated to the Med. Chir. Society, that in many instances, processes are found to have taken place in the situation of the fracture, which are the obvious commencement of that restoration, which, if carried further, might have been expected to have ended in bony consolidation. He has shown, for example, that ligamentous union can form between the ends of the broken bone under such circumstances; and, if that can take place, if there is a sufficient vascular supply to the head of the bone, to enable it to perform its function of producing ligamentous union, we can see no reason why the production should not go so much further as to terminate in osseous union.—We certainly see a change taking place. The surface, that is, the cancellous surface becomes more compact and hard—it is smoother and harder; in fact, the change takes place which obviously implies that the vascular action of the bone is proceeding.—In respect, then, to that particular circumstance of the removal—the absorption or disappearance of the neck, so far as the specimens hitherto exhibiting it go, it would seem that it takes place equally in cases where no osseous union of the broken neck occurs, and in those in which such osseous consolidation is effected.—You will of course equally understand, that if the fracture through the neck of the thigh-bone occur so near to the implantation of the neck upon the upper extremity of the shaft of the bone as to be exterior to the point of attachment of the capsular ligament, there should be no reason why the fracture should not become consolidated by osseous union as in other situations. The same reasoning applies to those fractures which extend through the trochanter or upper part of the bone

You will also understand that if the neck be broken, and the membrane covering the greater part of it be left entire, osseous union may take place. And thus, under a multitude of circumstances, you are led to explain the variety of results of cases of this kind.—Now it is properly remarked by the gentlemen who have advocated the possibility of osseous consolidation of the neck of the thigh-bone, that we ought at all events to employ every effort we can to reduce the fracture; that is, to bring the extremities of the broken bone to their right bearings, and to maintain them in position, in order to favour the occurrence of bony union. They observe, that if a fracture of the neck of the thigh-bone be left to itself, if no pains be taken to bring the fractured ends into a proper situation, and to retain them there, we cannot reasonably expect union will take place. We observed that the osseous union presents circumstances of particular difficulty in these cases; their advice, therefore, seems very reasonable, and we should adopt it at all events to the extent of taking every possible care of bringing into, and of retaining in, apposition, the broken ends; which is allowed in ordinary cases to be of so great importance. The question, then, will occur, what measures we can take in order to facilitate the consolidation of these fractures.—The mode in which the head of the bone is lodged in the cotyloid cavity of the pelvis renders it impossible for us to act immediately on that; we can only act on the thigh-bone and on the pelvis. If we can employ any apparatus in this way, which will completely fix the thigh-bone and the head which remains in the socket in a proper relation to each other, we may accomplish the object in view. Desault and Boyer have had recourse for this purpose to permanent extension, in order to counteract that retraction of the limb which takes place from the action of the muscles. This is found difficult in many cases, and at all events extremely painful. It may however, perhaps, be unnecessary to subject the patient to this, as the fracture beds accomplish this extension, particularly the double-inclined beds, which at the same time support the thigh and the leg. On those beds the pelvis rests completely against the lower portion of the superior plane. The portion of the inclined plane which corresponds with the thigh must be of equal length with the sound limb; and there is a contrivance by which you are enabled to shorten or lengthen the plane. The foot of the fractured limb is confined to the foot-board, which is placed at the extremity of the lower plane, the knee of the patient going over the angle of the inclined plane; and thus as much extension of the limb is kept up as is necessary for overcoming the retractive action of the muscles. The foot-board prevents the eversion of the lower extremity, and keeps it in its proper position. This plan, then, accomplishes three purposes—that of fixing the pelvis, of maintaining the lower limb extended to the same length as the sound limb, and of preventing its eversion. The only other object is to keep the two extremities of the fracture in apposition; and that is done by placing a broad strap round the pelvis; or by putting a common broad splint on the outside of the thigh, reaching above the trochanter, having a strap to go round the pelvis, and confining the lower end of the splint to the lower part of the thigh. Thus you have a force applied in all directions capable of maintaining the fracture in its proper position; and this seems to me to be the best course of treatment that can be adopted in fractures of the neck of the thigh bone; and it is the best plan of proceeding in those cases generally, whether they are fractures of the neck, or fractures of the upper part of the thigh-bone, but which can hardly be minutely distinguished from each other in the living state. By such a course of proceeding you will at all events give the opportunity of osseous consolidation, a process which perhaps can hardly take place in either case, if this proceeding be not adopted.

We have, from time to time, received letters directing attention to the conduct towards students of the Beadle at Apothecaries' Hall, Sayer. He is the most impertinent of Bumbles, and we will shortly take the trouble to teach him his proper place.

SPIRIT OF THE MEDICAL PRESS.

OBSERVATIONS UPON THE EFFECTS AND MODE OF APPLICATION OF REMEDIES.

By Jonathan Osborne, M.D., of Dublin.

Hemlock.—Even the extract, imperfect as it is, has an effect in appeasing the pain in cancerous affections of the uterus, and that without exerting sensible narcotic powers, which almost excuses Stoerk for the error into which he fell in proclaiming it as a cure for cancer. I have applied it externally, and given it in such cases sometimes without effect, but sometimes with remarkable alleviation of pain after opium had failed; and never observed any ill effects, except in one case of a woman labouring under schirrhous uteri, who obtained great relief from pain by it, but when the dose was increased to four grains three times daily, had headache, black motes in vision on sitting up, and saw two persons instead of one, all which disappeared when the remedy was discontinued.—The uncertainty of the extract may be shown by an easy experiment. The conine, which in the process of decomposition is partly resolved into ammonia, is in this preparation always, according to Professor Geiger, more or less deficient, and often entirely absent; and to prove that this decomposition has taken place, it is only necessary to add some water of caustic potash, when the ammonia may be distinguished by the odour, and by holding over it a rod dipped in muriatic acid, whereupon the fumes formed by the muriate of ammonia are rendered visible. This experiment has shown ammonia in every specimen of the extract in which I tried it.—Wishing to secure the fresh plant in a state of preservation for winter use, I resorted to a plan which I believe will be found applicable to the preservation of plants generally for medical purposes. I caused the leaves and smaller stalks, fresh gathered before flowering, to be pounded up and intimately mixed with an equal weight of treacle. This mixture, of the consistence usual in an electuary, continued for several months until used, without showing the slightest tendency to decompose or to change any of its sensible qualities. This can only be ascribed to the treacle, and I suggest this as a very useful mode of preserving as well as of exhibiting those vegetable productions, the efficacy of which depends upon their freshness. I gave this preparation in six grain doses to several patients, in whom I thought it might prove serviceable, but its effect was quite different from what I had anticipated. In every instance it acted as a purgative, producing full dejections, without either nausea, tormina, or narcotic symptoms.—We cannot expect that in regard to the place of growth, uniformity will ever be attained, but in regard to the part of the plant to be used, it is manifestly of great importance that a proper selection should be made. I think that, for external use, the entire plant, preserved in the way I have mentioned, would answer well, being both cheap and convenient; but that for internal use the seeds should be preferred; 1st, on account of their uniformity. Let it be remembered that seeds are, of all parts of plants, the least liable to variation in their mode of growth, structure, and chemical composition, and that they are the least dependent on artificial modes of drying for their future preservation, seeing that that process is performed by nature herself on fixed and uniform principles; and on this head I cannot do better than refer to the seeds of colchicum, which have enabled us to act with that plant, as previously, when the root alone was employed, might have been attended with danger: 2ndly, because the seeds of hemlock contain more of its active principle than any other part. For this I re-

fer to the experiments of Professor Geiger, who found that six pounds of the fresh seeds contained about an ounce of conine, while a hundred pounds of the plant only afforded a drachm.

Belladonna.—There is one property of belladonna, which I mentioned in a medical report of Sir Patrick Dun's Hospital in 1831, and which it has proved itself to possess in every instance, without exception, since that time; so that it is unnecessary to detail cases on the subject. It is this, that it causes an immediate cessation of the migratory or flying pain of rheumatism, without producing any effect on the fixed pains. In this way it acts like a charm both in acute and chronic cases, and when it is recollected that in acute rheumatism, especially, the greater part of the suffering, and that most refractory to ordinary treatment, is the perpetual shifting of pain along the direction of the muscles from one joint to another, its value in all such cases will at once be admitted. The dose I gave is one-third of a grain thrice daily, increased to half a grain every third hour. After trying various combinations, I prefer to give it in simple extract of gentian, as much as is sufficient to secure its accurate division into pills. Having observed its efficacy to be confined to the pains shooting along the direction of the muscles, and that any abatement of pain which it produces in neuralgia, or where the pain pursues the course of the nerves, is of a very inferior degree, and attended with great uncertainty, it appears to me that it acts on the muscular fibre belonging to the voluntary muscles, as on the iris, and by stopping the spasm, which is always present in severe cases, causes a cessation of the peculiar pain. This kind of pain always resembles fatigue, causing general restlessness and inability of remaining long in one position; and suggests very much the sensations experienced after excessive muscular fatigue, when the spasms, not of entire muscles, but of fibres, prevent sleep, while at the same time they produce a feeling of intolerable weariness.

Emetics of Ipecacuan in Hæmorrhage.—Having already (Trans. of the Association, vol. v.) stated the uniform success attending this treatment, I should not repeat it here, were it not that some authors, who have subsequently treated professedly on diseases of females, have entirely omitted to mention it. I have only to add, that with me it has never yet failed, except when the progress of the case afterwards proved the formation of schirrhous or cancerous structure. The remarkable effect of emetics of ipecacuan in restraining hæmorrhage, is not confined to this organ. In a case of violent epistaxis, in which several remedies were ineffectual, I tried it while preparations were going on for plugging the posterior nares, and with success, so as to render that measure unnecessary. In hæmoptysis, I am unable to add to the facts already known respecting its efficacy, being of opinion that hæmorrhage from the lungs is always salutary, and that the practice of giving the mineral acids, &c., to discourage it in phthisis is injurious. A very considerable benefit is generally perceptible, after the vessels of the diseased lung have been unloaded by this discharge. When, however, a violent hæmorrhage takes place from the lungs, and blood is expectorated in such quantities as to endanger life, then all our efforts must be directed to its suppression. In a late case (not phthisis) I failed with the emetic, but as I lost sight of the patient subsequently, I am unable to pronounce as to the cause of the hæmorrhage, and therefore as to the cause of the failure.—*Dub. Jour. Med. Science.*

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

- Elements of Practical Medicine. Morbid Poisons.* By R. Williams, M.D., Senior Physician to St. Thomas's Hospital. Pp. 342. Ballière.
- A Letter to Sir B. Brodie, containing an Enquiry into his 'Lectures illustrative of certain Local Nervous Affections.'* By W. Goodlad, M.R.C.S., &c. Pp. 154. Longman.
- An Essay on the Antiquity of Hindoo Medicine.* By J. F. Royle, M.D., &c. Pp. 196.
- A Treatise on the Ear, including its Anatomy, Physiology, and Pathology. Prize Essay.* By Joseph Williams, M.D., M.R.C.S. Pp. 255. Plates. Churchill.
- A Treatise on Amaurosis, and Amaurotic Affections.* By E. O. Hocken. Pp. 359. Highley.
- On the Nature, Symptoms, Causes, and Treatment of Insanity, &c.* By Sir W. C. Ellis, M.D., &c. Pp. 344. Holdsworth.
- On the Proper Administration of Blood-letting, &c.* By H. Clutterbuck, M.D. Pp. 128. Highley.
- On the Treatment and Cure of Pulmonary Consumption, &c.* By G. Bodington, Surgeon. Pp. 60. Longman.
- A Grammar of the German Language.* By H. Apel. Pp. 144. Senior.
- An Address to Medical Pupils on the Duties and Studies of their Profession, &c.* By J. Barlow, Surgeon. Pp. 119. Longman.
- A Veterinary Toxicological Chart, &c.* By W. J. T. Morton, Lecturer on Veterinary Materia Medica, &c. Longman.
- Students' Compendium of Comparative Anatomy.* By P. Evers, L.R.C.S. Pp. 165. Fannin.
- Practical Observations on Diseases of the Lower Intestines and Anus, &c.* By J. Howship, Surgeon to the Charing-Cross Hospital, &c. Third Edition. Pp. 282. Longman.
- A MEDICAL REFORMER inquires 'where was Mr. Thomas Wakley when the grant was given to the London University?—Absent! Some short time ago, when the grant was prematurely proposed, and therefore he knew could not be given, Mr. Wakley could venture to bluster against it, but at the time of the perpetration of this mischief, he was absent, or most obediently silent.
- ONE OF THE UNFORTUNATE AT YORK, who complains of the usage met with by medical Assistants, must see that the real way to mitigate such, and all other evils, is to raise the profession from its present degraded state—to strike at the root of the mischief—to resort to constitutional, not local treatment.
- MR. WARDE.—Blumenbach noted the differences between white and black men in the texture of the rete mucosum. He states, that the native reddish white of the cutis shines through the transparent outer coverings in the white races, while, in the dark, the cutaneous pigment is situated in the rete mucosum; the epidermis, though pale, evidently partaking of the tint.
- MR. DIMOCK.—The numbers were duly posted. M.D.—He may practice only by sufferance.
- AN OLD SUBSCRIBER should wait and see what the next session will do for Medical Reform. The reign of Rhubarb Hall is nearly done.
- DELTA.—Letter received—a reply by post. The Eye-Fountain next week.
- VACCINATION EXTENSION ACT.—We printed this Act in our 42nd number, some weeks before the *Lancet* published it.
- A CONSTANT SUBSCRIBER has been deceived. Our Stamped Edition is always regularly published, and may be had on Friday.
- MEDICAL WITNESSES' ACT.—As many readers inquire as to the right of medical men to payment for evidence, we will next week give an abstract of the law upon the point.
- A REFORMER is referred to Mr. Dermott's propositions contained in another column.
- RECEIVED.—W. G.—"Dr. Penny" Quackery. Mr. Stirling.—J. N. T.—H. B.

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THE MEDICAL TIMES.

HOW DO WE STAND?

How do we stand? is the first question to ask ourselves, upon the conclusion of the sixth session of trickery, cajolery, and injustice, and what shall we do for the future? must be the second. First to the first then.

The patience of Medical Reformers has at length been stretched too far and is broken. The curtain surrounding the strings by which the Wakley-Warburtonian antics were regulated, has been torn away, and Mr. Wakley Punch and Mrs. Warburton Judy are at length discovered to be nothing but creatures of shreds and patches, and not the heroes they would be taken for. The showman *Self* is seen to be the moving power, and Truth being out we stand a chance of arriving before long at something like a satisfactory conclusion. The close of the session we think displayed the *Hon.* Member for Bridport on his last legs as the champion of Medical Reform. After promise upon promise, juggle upon juggle, deceit upon deception, had brought him to the last day but one of the parliamentary period, he screwed his impudence to the sticking-place for one promise more, which, of course, being broken, that last day goes by without even a notice of motion for the coming campaign of legislation. "The force of humbug can no further go!" The blindest of his friends—the dullest of his enemies must see, that although the Session has left Quackery untouched to spread its Upas for another year over society, that although the Legislature have not taken measures to relieve the public from the scourge of unqualified practitioners who wander at liberty over the land, "killing and to kill," that the Session has yet done one thing, and a great thing too for the cause of Medical Reform. It has opened the eyes of all to the real character of the man who is guilty of the delay; it has displayed in

just and glaring colours the odious treachery of him in whom we confided, and failing to extract the poison of the viper, it has at least removed the possibility of future danger from its sting. Mr. Warburton now stands forth a convicted traitor to the cause he was intrusted with, and any one who would again be mad enough to place confidence in him, would receive neither assistance in his difficulties or pity in his fall.

His coadjutor, Mr. Wakley, is, perhaps, still more deserving of our contempt. He came before the profession with fair promises, and displayed courage in the attack of existing abuses in medical affairs. He called on the profession for assistance, and that assistance was promptly awarded. He let some light into our medical corporations and our public hospitals, and by so doing led the press to the reform of abuses. But this could not have been done unless the profession had backed him. They did back him. They gave him all he had or has. By supporting his journal they afforded him the opportunity of aspiring to high places. They helped him to the eminence he has attained, and he repays the debt by kicking down the ladder by which he reached the elevation. Since he has got the coronership he has done *nothing*. It is true he spoke upon the Vaccination Bill, and proposed an alteration in its principle, but Mr. Wakley spoke naught of vaccination until a non-medical legislator had introduced and carried the Bill through one of the Houses of Parliament, and if that non-medical legislator had not introduced his Bill, we should never have seen Mr. Wakley's, and small-pox, for aught Mr. Wakley would have done, might have destroyed half the population.

But let us tell the secret of his late motion. Just before the conclusion of the Session the large meeting of Medical Reformers took place at Southampton. In common with the rest of the profession the Members of the Provincial Association had found out how idle it was to place confidence in Wakley or Warburton, and this feeling was openly expressed. Wakley of course, from an emissary who was there, learned the fact, and in his next leader the Association was bespattered with flattery, Wakley promising to do something for the cause. This would not do; it was too late. His CIRCULATION FELL SUDDENLY AND FRIGHTFULLY. In this condition, struck in the tender point, the pocket,—he felt the absolute necessity for action, and accordingly gave the following notice of motion for the next session:—

"MR. WAKLEY.—Bill for the Establishment of a National Faculty of Medicine, comprising its executive departments, one for England, the second for Ireland, and the third for Scotland; the senates, or governing bodies, to be elected, in the first instance, by those members of the existing Medical Colleges and Universities who may become assenting parties to the new institution, and afterwards the elections to be confined to persons who may possess the diplomas or degrees of the National Faculty (*next Session*)."

At the same time, Mr. Hawes, who in politics is a thorough-going supporter of the present Government, gave his notice of motion upon the same subject.

This then is our present position, and it may be worth while to examine it at more length than our limits will at present allow, preparatory to grappling with the question of *What must be done?*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 8th August, 1840:—

Epidemic, endemic, and contagious diseases	164
Diseases of the brain, nerves, and senses	163
Diseases of the lungs, and other organs of respiration	220
Diseases of the heart and blood-vessels	14
Diseases of the stomach, liver, and other organs of digestion.....	88
Diseases of the kidneys, &c.....	8
Childbed, diseases of the uterus, &c..	8
Diseases of the joints, bones, and muscles	1
Diseases of the skin, &c.....	5
Diseases of uncertain seat.....	99
Old age, or natural decay.....	57
Violent deaths	18
Causes not specified.....	3

Deaths from all causes..... 848

RUINOUS MEDICAL COMPETITION.—One of the most extraordinary, and we must say, humiliating exhibitions of the ruinous competition, which is now disgracing and ruining the medical profession, took place in the Cork city grand jury room, on Tuesday and Thursday last. It appears, that the office of medical attendant to the city gaol, having been vacated by the resignation of Dr. Nugent, advertisements for candidates were inserted in the public papers, and Drs. Howe, Beamish, Popham, and Keily came forward upon the occasion. The salary offered in the advertisements was £50, but on the day appointed for the election, Mr. Martin, as counsel for Dr. Howe, not only tendered the gratuitous services of that gentleman as surgeon to the gaol and bride-well, but actually proceeded to a lengthy law argument, to prove that Dr. H. *was entitled to be allowed to work for nothing* in these institutions, because he was surgeon to the North Infirmary; adding as a recommendation, that after performing the onerous duties of the latter office for nineteen years, at a salary of £20 a year, he had given up even that small stipend. This was too bad even for a city grand jury, and to use the words of the *Southern Reporter*, "it is impossible to describe the uproar and confusion that prevailed." Alderman Gibbings and Mr. Deeble, had the good sense and public spirit to see that "such gratuitous offers were seldom disinterested ones, and Alderman Westropp jocosely begged them to wait a little, and some excellent and disinterested gentleman would, perhaps, offer money to be allowed to perform the services." Dr. Beamish subsequently made a similar offer of gratuitous services, and the grand jury having adjourned to Thursday last, a new claimant for leave to work for nothing appeared in the person of Dr. Woodroffe, and an application having been made to the judge, no fewer than three barristers, among whom was Sergeant Jackson, were employed in an animated discussion, as to who enjoyed the legal right of serving the public without fee or reward. In the end, Dr. Beamish was elected, but we have not learned whether on the gratuitous system or otherwise. Well was it said by Dr. Le Fevre at the Southampton meeting—"There are Catalines in the republic of the profession."—*Dub. Med. Press.*

LECTURE ON DISEASES OF THE HEART.

BY M. GENDRIN, PHYSICIAN TO THE HOSPITAL LA PITIE, PARIS.

THE diseases of the heart are made known to us by pathological phenomena, very different from the natural phenomena, and the study of these must precede that of the particular diseases. The first and most simple of these phenomena, is the presence of *palpitations* perceptible to the patient and the physician. They consist of an acceleration in the contractions of the heart, and an augmentation of the impulse against the thoracic parietes. The palpitations take their character from the nature of the disease. In the physiological state we do not perceive the contractions of our heart, unless by the application of the hand, or we direct our whole attention to the sensation which results from the movements of the organ.—We distinguish two orders of palpitations. The first exists in the febrile condition, and constitutes one of the symptoms of that condition, at that time indicating that the heart participates in the excitement of the sanguineous vascular system, and being ordinarily accompanied by the general symptoms of fever, viz., uneasiness, pains, aching in the limbs, burning heat, &c. The other class does not arise from any general disturbance; their character is special, and the accompanying symptoms (heaviness of the head, cephalalgia, congestion towards the superior parts) disappear with the palpitations, nor are any general phenomena manifested in their intervals.—The second order of palpitations depends either on an organic affection of the tissue of the heart, or on a simple functional lesion. In the latter case, there is an expression of labour, and an excess of action in the organ, the irritability being augmented by an excess of nervous influence, the heart propels the blood in an unusual degree. Such are the palpitations which follow inebriation; which show the phenomena of sympathy in hysteria, and in affections of the stomach and uterus; and which result from mere lesions of innervation in certain pathological states. In the whole of these cases the heart may completely recover its healthy functions, and it presents no organic change.—When the strokes of the heart are very energetic, they develop an abnormal sensibility of the pericardium, and the patient complains of a heavy pain in the præcordial region, which becomes of a lancinating character at each stroke of the heart. The palpitations do not exist long before dyspnœa supervenes. The patient finds it impossible to respire in the horizontal position, and complains of a pain towards the insertion of the pectoral muscles. The influence of derangements of the heart in producing dyspnœa, is easily understood from the anatomical and physiological relations of the organs, and their reciprocal connexion with the nervous system. The acceleration of the course of the blood necessarily produces irregularity in the general circulation, headache, and congestion towards the encephalic circulatory apparatus.—To the physician this class of palpitation is made known by special signs. It is impossible to perceive plainly the diastole of the heart, or appreciate the duration of the intervals of the systoles; there is much irregularity in the contractions, and the impulse is increased; there is the production of a *bruit de frottement périphérique* towards the inferior borders of the præcordial region, approaching in its nature to the sound produced by rubbing cloth obliquely. During the palpitations, the stroke of percussion is easily distinguished; but the systolic and diastolic sounds succeed each other instantaneously. The arterial diastoles of the pulse are precipitate, the number

of strokes being generally about 140 in the minute. The sounds of the heart are irregular in their intensity and frequency; they are remarkably tumultuous. It is peculiar to these palpitations, that they do not continue beyond a certain time. Their total duration is from ten to twelve hours. It is not rare to meet with subjects in whom the palpitations are renewed from the slightest cause. They are usually suspended at night. The phenomena are purely nervous, independent of the state of pyrexia, though they often appear during this state. Thus they are mere modifications of the contractions of the heart, and do not constitute a pathognomonic symptom of an inherent disease of the tissue of the heart; but they nevertheless are occasionally accompanied by other unusual phenomena, and in some diseases of the heart their continued presence renders the exploration difficult, and sometimes almost impossible. The signs of auscultation are the principal means of diagnosis.

The second pathological phenomenon is the *displacement of the apex of the heart*. It represents a modification in form, in volume, and in position. When the length of the heart is augmented, we easily perceive that the base being fixed, the apex occupies a position below the ordinary point. When the heart is depressed by pericardiac or other tumours, whatever their nature, the apex comes to strike on a level with the hypocondrium, or below the false ribs. It is carried from behind, and from the base when the heart is dilated, the displacement being in a ratio with the extent of the dilatation. When the heart is displaced from above downwards, we observe an incurvation of the aorta in the form of a Roman S; this also occurs in advanced diseases of the heart, when the apex is depressed by hypertrophy of the base. When the apex of the left ventricle is hypertrophied, it descends below its natural level, and elevates the chest for a considerable space, enlarging its diameter from sixty-eight to eighty-one millimetres in breadth, and twenty-seven in height. When there is hypertrophy with dilatation of the right ventricle, the heart is almost transverse within the chest, and elevates its walls to the extent of a line in its transverse dimensions. In the inflammatory affections of the pericardium the apex of the heart may be elevated, so that we see the stroke below the level of the second rib. Some error may be possible here, as liquid may transmit the contractions by undulatory motion, and impose upon us, but it is scarcely possible that these would strike a precise spot.

Rachitic tumours, having their seat in the fifth, sixth, seventh, and even eighth dorsal vertebræ, may displace the heart. Displacement also is constantly produced by aneurisms of the arch of the aorta; the whole of the heart comprising the apex is carried outwards; the apex is not depressed, and the heart presses against the left lung and left side of the chest.

The *impulse* of the heart is an important phenomena, considered in its pathological state. The impulse is the stroke against the thoracic parietes at the moment of the ventricular diastole or systole, perceived by the application of the hand on the ear.—The systolic impulse results from the projection of the apex of the heart forwards against the thoracic parietes, the point on the walls corresponding to the apex of the organ. Its intensity varies with its position, and many other circumstances. It may be lower than usual from all the causes that we have stated to depress the apex of the heart; it may be higher than usual in case of aneurism of the ascending aorta, or when an abscess is formed in the bodies of the fifth, sixth, seventh, or eighth dorsal vertebræ. The

systolic impulse is a displacement of the heart right and left, and if it strike any point within or without sixty-eight millimetres external to the sternum, we may probably affirm that the apex of the heart deviates either inwards or outwards. The deviations inwards are more rare than those outwards, and they arise either from an aneurism, developed in the walls of the left ventricle, considerable hypertrophy of this ventricle, or liquid or gaseous effusion in the left pleural cavity. In all these cases the apex of the heart approaches the xiphoid cartilage more or less, and is sometimes below it. The deviations downwards and outwards are more common, and they arise from tumours developed in the anterior mediastinum, hypertrophy of the right cavities, augmentation in the volume of the right lung (emphysema), or liquid or gaseous effusion in the right pleura. —The systolic impulse has various modifications as to force—energetic or feeble, rapid or slow, and increasing or decreasing in rapidity. It is dull, obtuse, or feeble when the anterior border of the left lung, being emphysematous, is placed between the thoracic parietes and the apex of the heart, (a circumstance easily recognised by auscultation and percussion). The impulse is notably deficient, and its energy scarcely exists in the serous effusion into the pericardium, called hydro-pericardium. It has the same characters in inflammation of the lining membrane of the heart and great vessels. The normal impulse increases for a certain time, and then diminishes, but with regularity and rapidity. In certain cases this regularity is disturbed; thus it sometimes commences in an abrupt energetic manner, and terminates slowly: this is the case in dilatations of the ventricles without hypertrophy. At other times it progressively increases, and with slowness, and terminates abruptly, and this occurs in hypertrophy without dilatation. In hypertrophy with dilatation it progressively increases, but does not cease progressively. In the case of contraction of the arterial orifices, the heart does not act in a successive manner, slow, not instantaneous. The impulse is prolonged in the periods of increase and decline; and this is sufficiently explained by the difficulty the blood has in passing the arterial orifices, the obstacles it encounters, and the force employed to surmount them. When the contraction affects the auriculo-ventricular orifices the systolic impulse is abrupt and brief; and this is explained by the small quantity of blood which penetrates the contracted orifices at each revolution of the heart, an abrupt and brief shock being sufficient to propel a small column of blood into the arteries.—One source of error must be noticed; palpitations modify the systolic impulse, and render its pathological characters unrecognisable. When the palpitations supervene in an hypertrophied state of the heart, the impulse becomes brief, abrupt, and loses its character of progressive increase.

The *diastolic impulse* arises from the greatest possible enlargement of the ventricles by the access of blood. It gives to the ear and the hand the sensation of springing, and claps the thorax. This impulse is always abrupt, rapidly increasing and decreasing in the same manner; it constitutes one of the signs of ventricular dilatation, it accompanies some cachectic affections, and especially chlorosis.

The systolic and diastolic impulse correspond in an exact manner with the two sounds of the heart. We shall now examine the modifications or alterations the sounds undergo in their pathological state. Laennec was not happy in the modifications of the circulatory sounds which he laid down. "In ventricular hypertrophy, the first sound, or systolic sound, is dull, prolonged, and its pitch is more clear in dila-

tation." The distinction of Laennec is difficult to appreciate, and often impossible at one examination. A thousand circumstances may modify the pitch or quality (*timbre*) of the sounds of the heart, without any appreciable lesion being present; as when the heart is surcharged with fat, the thoracic parietes are very muscular or loaded with fat, the costal cartilages are ossified, &c. The distinction I have given cannot leave a doubt for an instant.

An important point, as regards diagnosis, is the maximum point of the abnormal sounds or impulse of the heart. Suppose the diastolic sound is recognised, if it diminish as we approach the right side of the heart, and increase towards the left side, we believe the cause of the morbid sound to be situated in the left auriculo-ventricular opening; if the systolic impulse progressively increase, extending towards the left side, and is nearly effaced on the left, we diagnose hypertrophy of the left ventricle. If, on the contrary, the impulse is behind the sternum, and diminishes towards the left side of the heart, we believe there is hypertrophy of the right ventricle.

The sound of the diastole also is important in a pathological sense, from the modifications or alterations it presents. When its maximum intensity at the base of the heart, if it is more clear, more extensive, more persistent than in the normal state; if it resound near the apex of the heart, and under the clavicles; and further, if it accompanies the diastolic impulse, we have no doubt of the existence of dilatation of the cardiac cavities. We must not, however, forget the influence of palpitations over this sound.

The sounds of the heart are perceived beyond the limits of the organ, in the passage of the arteries emanating from it, through the medium of the column of blood. The transmission is modified in its extent, under the influence of certain morbid states. Thus the systolic sound, which in the natural state is not propagated to arteries of the second order, extends for a great distance in some functional or organic lesions of the heart. The diastolic sound is prolonged along the course of the large arteries, but in the healthy state it ceases very near the base of the heart. In some morbid states it is heard very far off, and is then, in general, clear and persistent, ventricular dilatation being present: both sounds are modified in certain pathological conditions, which arise during the progress of cardiac diseases. The formation of fibrinous clots, polypous, or polypiform concretions, render both the systolic sound and impulse feeble, dull, or extinct; the diastolic sound is notably enfeebled, and the imperfection of the circulation is detected in the arteries. In general these concretions have their origin in a state of repose, a slackening of the column of blood, an obstacle to the cardiac circulation, an insufficient expulsion of blood, in consequence of some morbid modification of the walls of the heart, enfeebled contractions from approaching death. Sometimes they are cylindrical, prolonged, and continued into the large arteries, sometimes entangled with the fleshy columns, sometimes in spherical masses appended to the walls of the heart; whatever their nature, by their presence alone they determine the appearance of the signs we have noticed above—extinction, or enfeebling of the sounds of the heart, and of the systolic impulse, with very irregular action. These signs characterise the coagulation of blood in the heart, a circumstance extremely grave, and necessarily followed by death.

Modifications of the structure of the walls of the heart have great influence on the sounds. There is one morbid state in which the walls of the heart are like yellow chamois, hepatic, friable, soft, and known by the name of *leather*

heart. This state generally shortly precedes the extinction of life; the sounds of the heart are extremely dull, almost completely effaced. Here the feebleness of the sounds coincides with regularity of rhythm, a circumstance which distinguishes this pathological condition of the heart from that in which fibrinous concretions exist in its cavities.

ACTUAL CAUTERY TO THE SPINE IN DELIRIUM FEROX.

BY R. LONG, M.D., OF ARTHURSTOWN FEVER HOSPITAL.

SOME months ago, I received a message in the middle of the night from my fever hospital, informing me that one of the patients had become outrageously delirious—that he had disabled one of the nurses by a blow, and had set those around him at defiance. I found him walking about the ward brandishing a wooden bar, and threatening destruction to any that should approach him. Fortunately the windows were secured in such a manner as to resist all his efforts to get out in that way, and egress by the door had been effectually prevented by its being firmly locked. He knew me instantly on my entrance, but he still required much coaxing before I could get him secured.—M. R., aged 19, had been now six days in hospital, and ill of fever nine days—his case presented nothing different in symptoms from the great proportion of those around him—there had been a loaded tongue—quick, undulating, and compressible pulse, varying from 100 to 120—slight tendency to mild delirium, and the usual crop of maculæ and petechiæ—the bowels had been freely acted on, and the tartar emetic mixture given, so as to keep up softening of the skin without producing vomiting.

Diluent drinks and gruel for support.

He is now struggling in frantic delirium—eyes prominent—vessels of conjunctiva deeply injected—face, neck, and bosom of a dusky red—upper and lower extremities cold, and of nearly a livid hue—this may, in some degree, have been produced by his long exposure. Pulse extremely rapid and small. From dear-bought experience, I knew what might be expected from the collapse which must necessarily follow such violent cerebral excitement, when combined with the usual debility attendant on the latter stage of congestive fever. Bleeding in any shape was, in my view of the treatment of the type of fever now prevailing, totally out of the question—yet if the patient were to be saved something decisive must be done. With this view, I had recourse to cold affusion, but without any effect in controlling the frantic exertions of the patient. It suddenly occurred to me, that the shock likely to be produced on the nervous system by a free application of the actual cautery to the cervical and dorsal vertebræ, might be tried with advantage. I accordingly had the poker of the hospital kitchen, being the only instrument at hand, made red-hot, and having laid some folds of moistened paper along the course of the spinous processes, I cauterised, at intervals, the vertebral column from the head down nearly to the loins. The application at first seemed but little noticed, presently, however, the patient roared lustily—cold wetted cloths were applied to the cauterised spots—the straps, with which he was secured, were removed, and he presently fell into a most profound sleep, from which he awoke after some hours perfectly collected, but so debilitated as scarcely to be able to raise his hand to his head, and to require the free use of wine. He was quickly convalescent.—As in this case cold affusion had been used, and the system might possibly

have been affected by the antimonial solution, I could not fairly attribute the sudden and favourable change altogether to the cautery. I was, therefore, determined to test the remedy before giving it to the public. I have had since, three other instances of delirium ferox, all nearly equalling in violence that detailed, and have carefully used the cautery and watched its effect. In all, the same happy results followed. In the last cases, the cauterising extended no farther than the cervical vertebrae. I did not, I must confess, depend solely on it, as I had in those cases also given the tartar emetic solution. No one of course would propose to have recourse to such a severe remedy in cases of simple delirium; but if, in controlling delirium ferox, as attending on fever of a typhoid character, the cautery shall be found to have the effect, which I firmly believe it has, I consider it well worth attention, and hope it may prove the means of saving some lives, which would have succumbed under the lancet, blistered scalp, and sinapised feet.—As a counter-irritant in bronchitis, enteritis, or other local affections, blisters in the usual way must be relied on, as also in the last stages of fever, when it may be necessary to rouse the expiring energies to action.—In cases of the latter kind, the cautery, if my view of its action be correct, would do decided injury.—*Dub. Med. Press.*

ETHICAL OR INTERNAL REFORM OF THE MEDICAL PROFESSION.—NO. III.

It is often asked, whether it be not observable, that not only weak and credulous people, but men of strong faculties, as even judges of the land, statesmen, authors, and others, fly, as a last resource, after trying many men and many medicaments, to any one, or any thing, of whom they have heard the "whistling of a NAME;" and whether their defence be not always this—"We have gone upon what we consider to be facts; we have known great cures to be performed, and we shall go where we think we can be best served?"

The fact is so—this is the case! But let us ask, is not the mind always manifestly weakened by long disease? Are not the most mature and rooted of men's opinions, particularly in matters of faith or scepticism, liable to be the most shaken in that case? Deists, says Simpson, in his 'Plea for all Religions,' believe in Christianity, while lying under perilous disease, but return to their original impressions of scepticism so soon as they recover the "mens sana in corpore sano?" If so, is there not, whether right or wrong, a particular opening to credulity and delusion during severe sickness? But without straining this argument, we shall allow for the questions when we come to speak of the effect of Faith in physic, and the consequences of medical imbecility, in the very backward and uncertain art of medicine.—One position seems certain, that the more infirm the mental powers became from disease, the greater is the disposition to delusion, and the more it gains upon the thoughts, and inclines persons to listen to the lies which are told them by fools, concerning cures and quacks. Sir Samuel Garth says,—

"First man creates, and then he fears the elf;
Thus others cheat him not, but he himself;
He loathes the substance, and he loves the show;
You'll ne'er convince a fool, himself is so;
He hates realities, and hugs the cheat,
And still the only pleasure's the deceit.
So meteors flatter with a dazzling dye,
Which no existence have but in the eye,
As distant prospects please us, but when near,
We find but desert rocks and fleeting air.

Two-thirds of mankind never estimate medical capacity by any other test than that of notoriety. "The GREAT VULGAR or RICH MOB will hear of nothing," says an old and racy

writer, "but a DOCTOR in VOGUE!" They hearken to the fallacious and flighty rumourings of voluble tongues and weakly brains, without scrupulous inquiry into the truth of inflated assertions and ever-lying rumour. The greatest of all earthly liars is common fame. "CREDULITY," says Baynard, a Court Physician of Queen Anne, "is harbinger to INFALLIBILITY, and clears the way for error to amble on to the end of the chapter."—Each party resigns his understanding, and, like a true believer, swallows greedily, and for a time believes implicitly groundless and ill-founded promises, and nothing but the bore and vexation of disappointment and cost can produce conviction. Fools must buy their experience after all, and "the cutting loss of a sum of money" is to them the only monitor.

In London there is only a certain portion of Astutia Medica and Quackery, according to the ratio of illiterate or weak-minded persons in it, but in provincial towns, both probably predominate. We have so far defined some of the original metaphysical causes, why the reptile should reach to the summit of the pyramid. Radcliffe, standing with Mead in the open street, said, "You give me the fools, and I will give you all the wise men that pass by."

If credulity and delusion are the foundations upon which the reptile works to reach the top of a pyramid, it is tolerably transparent by what arts it may be effected by one

"Well knowing, by unerring rules,
Knaves starve not in the land of fools."

Cunning, which is well contrasted by Addison as the opposite of discretion, the one being low, and the other high, is that quality which seizes with most skill on the open dispositions of society, and works with the most energy and singleness on the weaknesses of human nature for its own aggrandizement and emolument. The greater the absurdities, the more preposterous the nonsense, that some men talk about diseases and cures from house to house, particularly to women, the more credit and influence over their minds they seem to obtain. It is an old saying, that wise men are often governed by fools in the choice of physicians. In medicine, we have always seen that men are too much governed by women, particularly their wives; woman, unfortunately, has had too much influence over medicine. These and many other evils happen because medicine is a close, domestic, and private profession, and not an open, public, and emulative profession, like the bar. In the one, art, intrigue, and the various machinations of delusion, falsehood, and knavery, indeed all the vilest practices of competition, may be enacted by persons of bad disposition and weak minds, women, and all sorts of partisans, not only with impunity and without detection, but with the result of raising for a longer or shorter time decided mediocrity and inferiority over the heads of genius, talent, industry, perseverance, and skill. The bar, and the law generally, are open, by public trial, for all the world to judge of men's comparative emulation and merits. In this case, it is mostly impossible for mediocrity and artifice, by means of system and partisanship, to get the start of superior power. In the art of medicine, but no other, is a peculiar infallibility, intuition, and inspiration of mere pretenders admitted. But it often happens in medicine, that various rates of cunning, up to the fifth rate, with a low species of ability, the petty conceit of trifling talents, a plausible insinuating address, and certain peculiarities of manner, best impose upon proud and weak men, and steal the favourable prepossessions and prejudices of the frailer vessels. It is the natural infirmity of women to judge of men and things more by passion, prejudice, and feeling,

than by reason. Nothing has lowered or injured the medical profession more than the influence and interference of women.

The practice of the Astutia Medica is defined by Lexicographers to be "craftiness, cunning, shuffling, knavery, archness, policy, shrewdness, subtilty, wiliness," and therefore the assumption of a particular character has been adopted to attain what honourable zeal and exertion now fail in most instances to ensure. The ASTUTES or CYLINDRICAL part of the profession pride themselves on imposing, by crafty discovery and by-play, upon the predominant ideas, tastes, and weaknesses of individual character. As the halcyon or kingfisher constantly veers with the wind, the Astutes, to delude mankind, have sloped round from the exterior snares of the body, which, like other exploded modes of Astutia, are "stale traps, and only sacred now to fools," to those inward and moral snares of the mind and manners, with all the versatility and adaptation which are called for to comply with the whims, caprices, and fancies, of the light and gullible parts of mankind.

"Looks of exceeding wisdom and solemnity," or rather, we should say, looks of solemn insignificance, and overwrought professions of "high moral feeling," by the consummate man of the world, may be deemed by fools imperiously necessary, but any other voluntary restraints than those of honour and conscience, or those of a gentleman, "betokens," Professor Gregory goes on to say, "either a KNAVE or a FOOL." A particular knowledge and observation of human nature and the medical profession evince, that all sinister characters have recourse to similar conduct, however varied, according to the fashions and customs of the day, to procure worldly success. The varieties of artificial characters and conduct are to be considered hereafter, without reference to generic distinctions.

It is not our intention now to specify the various modes and characters in which the Astutia Medica is exhibited. In this preliminary paper we shall confine ourselves to general ideas and simple propositions. The truth is, that whenever knowledge is inadequate to success, Astutia always steps in to work upon mental weakness and ignorance by consummate impudence. It is owing, in our opinion, among other reasons, to the public mind not keeping pace with the knowledge and spirit of the age, that practisers degenerate in strict decorum, and in profound skill.—We believe that the present House of Commons, for instance, in liberal and enlightened views, is full one hundred years in advance of the ordinary gentry, and what are called educated people of the country, who are still very shallow, bigoted, and prejudiced in their opinions of men and things; but there are, it is true, some physicians, and many individuals, who are at least an age before the time in which we now live. But in proposing their views they are imperfectly comprehended, and illiberally appreciated. Swift saw the deficiency of his own time, and very sagaciously dedicated a work of his to Prince Posterity, by whom he knew it might be understood. In this age science and skill fail to excite strong impressions upon half-illuminated society, and men still have recourse to meretricious and popular methods to concur with the empirical credulity and appetite of the still bigoted, superficial, and shallow part of the world, who can neither think nor reason with anything like profundity or flexibility of mind upon improved views, altogether new to them.—The late Sir Everard Home once complained to us, that the public would scarce permit a surgeon, like himself, to divide his attention and devote himself to comparative anatomy. Sir Charles Bell says, in some of his works on the

nerves, that he was obliged to make up, by a fortnight's plodding at ordinary business, for a day's work at physiology, in consequence of the popular prejudice, that exclusive application to business is necessary, and that science is of little value!

REVIEWS.

The Anatomist's Vade Mecum: a System of Human Anatomy. By ERASMUS WILSON. Churchill.

THIS work is a common-place compilation of anatomical facts; the classifications of parts and the diagrams are strict copies; we find, therefore, that errors as well as accuracies are duly copied by Mr. Wilson. But as this book is put forward by a public teacher for the instruction of pupils, the errors are in a fair way to become most dangerous, and therefore require careful exhibition. The illustrations, which are miniatures of Quain's copies, are good specimens of the art of engraving on wood, but, although so well executed, are on much too small a scale to illustrate the exact arrangement and relative position of parts. This is particularly instanced in the muscles, Figs. 68, 72, 74, and 79—and in Diagrams on Hernia, 75, 76, and which for any practical purpose should have been considerably larger. In Fig. 78, Perineum, the tremendous distance between the tuberosities of the Ossa Ischia and the Sphincter Ani (for a male) is out of all proportion.

The diagrams of the arteries, owing to the small scale of the wood-cuts, are small masses of still greater confusion, while the attempt at showing the muscles of the hand, Fig. 85, on so small a scale, as also the arteries, Figs. 103, 104, 111, 112, 113, and 114, is truly farcical.

Those who get up Anatomical Manuals and Vade Meca, instead of taking for granted that everything they copy is correct, should observe and think a little for themselves. In Figures 106 and 107, there exists a most outrageous mistake; the Duodenum is made to cross the spine immediately beneath the main body of the pancreas *transversely* at about the twelfth dorsal vertebra, and, as the hackneyed phrase of too many contemptible copyists of the present day goes, "in the root of the transverse meso-colon." This is a gross and glaring error. The fact is, that this diagram is a miniatures outline of a plate contained in "Dr. Quain's Series of Anatomical Plates," so called, and that Dr. Quain copied the same from Tiedemann. However we may admire Tiedemann's plates in some respects, this is an error, and the plagiarism of his followers is shown by their recommitting the mistake. By reference to the dead body, Mr. Wilson will find that the duodenum crosses the *third lumbar vertebra*, and often also the upper part of the fourth *obliquely* from below upwards, and from right to left, fairly behind the *root of the mesentery*, then ascends a little by the left side of the spine, in order to gain the commencement of the mesentery, where it becomes jejunum. In Figure 119 this error is still more glaring, for not content with making it immediately *below* the pancreas, he has even made one-half of it behind the latter as it crosses the spine. This in itself exemplifies, together with the poverty of style which marks a great portion of the text, and other instances which we shall adduce in reference to this and other works, the rage that exists at the present day for obtaining spurious fame by means of copyism or plagiarism. Mr. Wilson seems, like his former teacher and co-operator in book-making, a mere copyist, and that not of the first-rate.

Fig. 125 is very carelessly copied from Quain; the posterior belly of the omo-hyoideus is represented as being on a line with the anterior, and altogether in a wrong direction. This is no original mistake of Quain's, the latter copied the error, and others have copied it from him. Although the engraving we are now referring to is only a diagram, still it does not mitigate the sin of a positive error, more particularly such an one as this; for the position of the posterior belly of the omo-hyoideus is of the greatest surgical importance.

We wish Manual and Vade Meca makers to exercise a little more honesty, and if they pluck the pages and suck the brains of others, at all events to acknowledge whence they obtain their copies, and most especially would we advise Mr. Erasmus Wilson to look into the dissecting-room for improvement, before he ventures on another edition of his compilation.—The manner in which the book is printed, and the style of the illustrations is good, and the regret of all who can discern the plagiarisms and mistakes must be, that so many elegancies of typography, and recommendations of illustration, should be brought together to help the sale of a book containing so many errors.

ON THE HYDROCYANOFERRATE OF QUININA; A FEBRIFUGE OF GREATER POWER THAN THE SULPHATE OF QUININA. BY M. DONOVAN, ESQ.

NOTWITHSTANDING the valuable febrifuge powers of sulphate of quinina, it is well known that it occasionally fails, and unfortunately, in cases which most require its aid.—In such, the hydrocyanate of quinina has been used with good effects; but Signor Bertozzi, of Cremona, has shown, that when this salt is employed in the state of solution, according to the method of Signor Pezzina, it is subject to decomposition. He has, therefore, substituted the hydrocyanoferrate of quinina; and its power over the worst forms of intermittent fever has been completely established.—Doctor Zaccarelli has prescribed this new medicine in a great number of cases, in place of sulphate of quinina. It is found to cut short tertian and quartan fevers; and, what is well worthy of the attention of physicians, it *has principally succeeded in cases where sulphate of quinina failed*. Doctor Carioli has confirmed the febrifuge properties of this salt.—The following is given by Bertozzi as the most economical process for obtaining it:—One part of sulphate of quinina is to be triturated in a glass mortar to an impalpable powder. A part and a half of ferruginous prussiate of potash, previously dissolved in six or seven parts of distilled water, is to be mixed by careful agitation, and the whole exposed in a flask to heat, stirring the mixture frequently, until it arrives at the boiling point. In proportion as the liquid becomes transparent, there is precipitated to the bottom and sides of the flask a substance of a greenish-yellow colour, having an oily consistence. Having then decanted the liquid portion, this substance is to be washed with distilled water, which will separate some sulphate of quinina that had not been decomposed, along with some other matters. Having accomplished the washing, and poured off the waters, the product is to be dissolved in very pure alcohol at 100° of Fahrenheit. The solution is to be filtered the liquor which passes becomes muddy, and when evaporated, leaves a mass confusedly crystallized in needles, the weight of which corresponds to three-quarters of the sulphate of quinina employed. This is the *hydrocyanoferrate of quinina*.—This febrifuge has been introduced into the new *Cortex Français*, but the quantity of ferruginous prussiate of potash

has been reduced to rather less than one-third of the quantity directed by Bertozzi.—In preparing the hydrocyanoferrate of quinina, I observed that when the ingredients were heated, the sulphate of quinina dissolved rapidly as the temperature rose towards the boiling point. In proportion as it disappeared, it was replaced by a magina of a dirty greenish-yellow colour, which floated at top; but when the liquid came to a boil, this matter melted into a liquid of an oily consistence, and then descended to the bottom. On cooling the flask, the matter in the bottom hardened into a greenish solid, which stuck to the glass. The water being poured off, the greenish matter was easily washed with cold water, and drained, it being scarcely soluble in water. Some alcohol being added, and heat applied, the mass readily dissolved. The solution being submitted to spontaneous evaporation, no crystals ever formed; but, after some weeks' exposure, a cake of pea-green matter was left at the bottom of the vessel, and a scanty crust of greenish-white scales on the sides. This case was softer than wax, and was flexible as well as ductile. It was drawn out into a thin transparent plate, and left for some days to dry in the air. At the end of this time, the matter was crisp and friable. The whole produce, which I obtained from the proportions of the *Cortex*, weighed 783 grains; the quantity of sulphate of quinina employed having been 1000 grains.—The hydrocyanoferrate of quinina, when in small fragments, is of a pea-green colour: its taste is intensely bitter; it dissolves in cold, but better in hot alcohol, and is precipitated almost entirely from the solution by water. In prescription, it would be an error to promote its solution in water by means of dilute sulphuric acid, as is done in the case of sulphate of quinina; the salt would be decomposed by this acid, and the solution would become blue. It ought not to be prescribed with tincture of cinchona, and consequently not with infusion or decoction. The dose given by Doctor Zaccarelli was equal to three grains and a half troy, repeated according to necessity.—Although this febrifuge is precipitated by water from its alcoholic solutions, it separates in the state of so fine a powder, and remains so long suspended, that it will answer for exhibition very well in this state. The following formula will be found convenient:—

R. Hydrocyanoferratis quininae, grana quatuor.
Spiritus rectificati drachmam. solve.
Adde aquæ, vel
Misturæ camphoratae drachmas septem.
Misce fiat haustus, ut res nata sit,
phialâ prius agitâtâ, sumendus.
In pills—
R. Hydrocyanoferratis quininae, grana viginti quatuor.
Mucilaginis Gummi Arabici q. s.
Fiat massa quam divide in pilulas duodecim.

These pills will be of a proper size, and two of them will constitute a dose; to be repeated according to the discretion of the prescriber. I believe that the liquid form is preferable to the pilular, unless under peculiar circumstances.—It is a remarkable fact, that a medicine possessing febrifuge power superior to that of sulphate of quinina, should not have found its way into the practice of the physicians of this country: this indeed is not the only instance in which the contributions of scientific pharmacy to the healing art have been neglected in the British Isles. My duty, however, terminates with submitting the article to the consideration of the medical public.—*Dub. Journ. Med. Sciences.*

EMPLOYMENT OF THE RECTAL TUBE IN
STRANGULATED HERNIA.

DR. J. O'BEIRNE, of Dublin, recommends the introduction of a tube to a considerable distance up the rectum in cases of strangulated hernia, for the purpose of giving vent to the flatus contained in the intestine, as this process may occasionally prevent the necessity of an operation. He states that "no medical man can henceforth be considered justified in proceeding to an operation for strangulated intestinal hernia, without having previously given a full and fair trial to the mode of treatment in question." Mr. W. H. Maunder, of Cullompton, Devonshire, relates an interesting case in a letter to Dr. Beirne, in which the introduction of the tube of the stomach-pump, to the distance of twenty-six inches, so relieved his patient of flatus, that the strangulated intestine became relieved, and an operation was prevented. Mr. Maunder says:—On Thursday, the 12th of December, 1839, I was requested to visit John Howe, aged 46 years, a weaver, and a pauper belonging to this parish. I was soon at his bedside, and found him complaining of constipation of the bowels, which had existed for three days previously; constant vomiting; a sense of dragging at the epigastrium, and great pain on pressure of the abdomen; tongue white and coated; pulse 100, but weak. On prosecuting my inquiries, I ascertained that he had been the subject of hernia on the left side for three years, but had never worn a truss; and on the Tuesday evening previous, while at work at his loom, weaving bags, (rather a laborious occupation,) he felt the intestine protrude to a much greater extent, and with more pain than it ever had before. Hitherto, he had always reduced it himself by a little manipulation and the recumbent position. There was a portion of intestine, of the size of an orange, in the scrotum, which I could not reduce by repeated and unremitting efforts at the taxis. I bled him to sixty ounces, but with no better success. On the following evening I went to his house with the intention of operating on him, provided the intestine remained unreduced, but suggested to my friend and colleague, Mr. Smith, the propriety of first introducing the tube as recommended by you. I must frankly and candidly admit, I did not consider it would be of any use; however, he concurred with me in opinion, and I proceeded at once to pass the tube of the stomach-pump. There was a little difficulty, which was removed by injecting rapidly a little gruel. The tube was introduced twenty-six inches, and after the expiration of about ten minutes, air escaped in small quantities from its mouth; the scrotal tumour gradually diminished, and the poor fellow was soon released from suffering; the sickness ceased, pain was diminished, and the dragging sensation completely relieved. I gave him shortly afterwards two drops of croton oil, mixed up with sugar, and divided into three powders (one every three hours, and followed up by a little saline mixture), whereby the bowels were most powerfully acted upon; he is now quite recovered, having resumed his usual occupation more than a week since.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, August 13th, 1840:—Edmund Alexander Parkes Burrows Kirby, Banbury.—William Way, Tunbridge Wells.—Edward Jones, Pailton, Warwickshire.—Francis Henry Woodford, Ansford, Somerset.—Frederick Williams, Bristol.

NAVY.—Assistant-Surgeon Oliver T. Miller, appointed to the Princess Charlotte.

PRIZES OF THE ACADEMY OF SCIENCES AT
PARIS, FOR 1840, 41, 42, 43.

THE subject of the prize of 1,500 francs, founded by M. Manni, Professor in the University of Rome, for the ensuing year, is as follows:—To determine

"What are the distinctive characters of apparent death?—What are the modes of preventing premature interment?"

Memoirs to be sent to the Secretary before the 1st of April, 1842.

The subject of the great prize in Physical Science is as follows:—

"1. To determine, by acoustic and physiological observations, what is the mechanism of the production of voice in man.—2. To determine, by anatomical researches, the comparative structure of the organ of voice in man and the mammiferous animals."

This prize is a gold medal of the value of three thousand francs.—Memoirs must be sent to the Secretary of the Academy by the 1st of April, 1843. The names of the author to be enclosed within a sealed envelope.

A gold medal of the value of three thousand francs is also offered for the best memoir on the following subject:—

"To determine, by precise experiment, what is the succession of physical, chemical, and organic changes which takes place in the egg, dependent on the development of the foetus in birds and batrachia."

Memoirs must be sent to the Academy by the 1st of April, 1843.—Authors must enclose their names in a sealed envelope.

The Academy of Sciences has offered a prize of ten thousand francs, for the best memoir on the following questions, to be decided at the public sitting of the Academy in 1842:—

"Is the preservative virtue of vaccine absolute or temporary?—In the latter case, to determine, by precise observations and authentic facts, the period during which the vaccine preserves against variola.—Has the cow-pox a preservative virtue more certain and persistent than the vaccine employed in a greater or less number of successive vaccinations?—Supposing the preservative quality of vaccine to be enfeebled by time, by what means may it be renovated?—Has the greater or less intensity of the local phenomena any relation with the preservative quality?—Is it necessary to vaccinate several times in the same person; and if so, in what years should the new vaccinations be performed?"

The memoirs must be sent to the Secretary of the Academy by the 1st of April, 1842.

The Montyon prize will be awarded this year to any work, printed or in manuscript, which the Academy deem has most contributed to the progress of experimental physiology.

ROYAL COLLEGE OF SURGEONS, LONDON.

The following gentlemen were admitted Members on Friday, August 14th, 1840:—William M'Mahon.—Anthony F. C. Colclough.—Terence O'Loughlin.—Charles Basley.—John Cornwall.—James Coghlan.—John H. Rowland.—John George.—William B. Egan.

NEW AND SUCCESSFUL METHOD OF TREATING PROLAPSUS UTERI.—Mr. B. Phillips has in one case of prolapsus uteri, treated by him at the St. Marylebone Infirmary, succeeded in effecting a cure, or at least in affording complete relief, by destroying a portion of the mucous lining of the vagina by means of nitric acid. The contraction consequent on the separation of the sloughs reduced the size of the vagina so much as effectually to retain the uterus *in situ*.

PROPOSITIONS FOR MEDICAL REFORM.

To the Editor of the 'Medical Times.'

SIR,—Medical Reform, in other words, the removal of medical abuses, is, in itself, *no party-political question*, although it has lately been attempted to be made one by some designing jobbing and interested men. It involves not only the best moral interests of the profession, but in the most immediate manner, and to the fullest possible extent, the life or death, the happiness of all our fellow-beings. Upon these grounds, I am convinced that every honest man, once knowing the facts of the case touching the present condition of the medical profession, must be a medical reformer; and it is one of our principal objects, therefore, to make the world conversant with the state of things.—The members of all our medical corporations admit the necessity of a change; and as a general rule, I have found that the Tory members have been quite as ready and as straightforward in presenting and supporting petitions in the cause of medical reform, as the Whigs and Radicals.—I beg to transmit to you for insertion, a copy of the substance of the propositions advanced by me in a letter, which I sent to the Provincial Medical Association, at their last Southampton Meeting.

Proposition 1st.—That as many petitions as possible be prepared for presentation to Parliament, against the commencement of the next session.

2nd.—That contrary to the instruction of some few individuals—to "*avoid detail*" in the petitions, I maintain that the most oppressive and injurious medical abuses should be briefly mentioned in each petition, and the remedies which prominently present themselves be suggested; moreover, that the same detail should be condensed in the *prayer* of the petition, which can always be read to the House, in order that the main bulk of the members of Parliament may be no longer kept in the dark (as they are now) with regard to the real state of the profession.

3rdly.—That all the petitions should be laid open to the public for signature, in order that medical reform may be identified as a cause which implicates the public much more than the medical profession.

4thly.—That it is necessary, on the part of the members of the medical profession, *not* to place implicit reliance, as heretofore, upon any one or two members in the House of Commons, which reliance has been the cause, up to the present moment, of our hopes and exertions having proved abortive; but that the members of the medical profession, who sincerely desire the removal of medical abuses, should solicit their representatives in the House of Commons, without distinction or preference as to political party, to support the great and glorious cause, in order to obtain, against the next session, as many members' pledges as possible.

5thly.—That, considering the manner in which the dearest interests of the profession, together with human life, have been sacrificed, owing to the unnecessary procrastination of medical reform, since the Committee of Inquiry of 1834, a committee be appointed to draw up a Bill of Medical Reform, so as to meet any emergency which may present itself at the commencement of next parliamentary session;—moreover, that at an extra meeting appointed for the purpose by your Association, the Bill shall be subjected to approval or amendments, and that it shall then and there be finally determined into what honourable member's hands it shall be intrusted early next session. Trusting that the above hints may prove of some service to all who wish their professional brethren well, and who have a Christian regard towards the human race, I am, your's obediently,

G. D. DERMOTT.

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MEDICAL OBITUARY.

Aged 78, Benjamin Holland, Esq., a highly respectable surgeon of Tewkesbury, and for many years a magistrate of that borough.

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PROFESSIONAL SKETCHES.—NO. I.

THE COUNTER-DRUGGIST-SURGEON.

"Like PROTEUS he assumes all shapes,
Sometimes th' Apothecary apes!
On foundered mare, sometimes his 'prentice,
Trudging on foot to humbler entries,
And sometimes makes a grand approach,
Doctor! of Physic in a coach."

Man in the Moon.

OF all the "Beastlie Abuses of Physic and Chyrurgerie" in England, none is more injurious to the interests and respectability of the art, than the license which custom allows to Druggists, and "what the country people," as old Dr. Isaac Pemberton, of Granta's Bowers, was wont laughingly to say, "call a Chemist (!) *par excellence*." It is a gross blemish that the lowest trading department of medicine, by quack usurpation, should be permitted to profess every branch between that of their own tribe and the surgeon and physician. In Ireland, as well as in France, Germany, and other civilized parts of Europe, the surgeon has stood just as much higher in gentlemanly distinction and public consideration, through the legal prevention of these vile usurpations, as in England he has "fallen, fallen," from his high estate through the toleration of them. It has introduced fullers and scowerers into the practical scope of the profession. To prevent these blemishes, and to force up skill by the division of labour, the ancient and proper receptacle of these ignorant usurpers, the old corporation of barber-surgeons, was broken up. In the reign of Henry VI., the same sort of men passed for "surgeon-valets" and "surgeon-barbers," and were described indiscriminately by patrician employers, as "Valetus et Sirurgicus Noster." In the back settlements of America, where the division of labour and perfection of skill are unknown, the druggist-surgeon not only dances on five or six legs in the profession, as a "many-branched practiser," but adds to his Caleb Quotum vocations, those of Colonel of Militia, Judge, and Tavern-keeper. A well-educated surgeon, lately from the United States, tells us, that, in this *refined* position, he must not hesitate, if called upon by a republican neighbour, to help to "stick a pig," or "cut up a beast," with any man, if disposed to comply with the ultra-democratic manners and habits of his citizen compatriots. "The DRUGGIST-SURGEON" commences his career, says a keen observer, at the GILT GALEN'S HEAD, with little better preparation than a Grocer's apprentice. He remains for a certain number of years *pulverising* and *extracting*. His master, who finds the furniture of his pupil's brains of so much less use to him than the produce of his hands, troubles himself little about the former. The indentures being out he commences an established pharmacopolist upon his own account. He pounds away some profitable years, until he realizes a capital, and puts forth the full bloom of his reputation; when, if the extent of his connexion gives him sufficient en-

couragement, he flings off his chrysalis of gallipots, and expands into the many-coloured glories of the *General Practitioner*. We then see him bustling, more frequently driving from fever to fistula, from measles to chicken poek, until he come to be looked upon as the very incarnate personification of "the *infallible pill*" he prescribes. Without either colouring or exaggeration, there is certainly no profession where a man with a *small smattering* of knowledge, and a *discreet cunning* may *fleece*, with a safer freedom, or more becoming grace, not only without risk of being detected, but even with character, perhaps a high place in human esteem—"Physic, if a *trade*, of all others is the trade cut out for a ROGUE." The profession, certainly like Jacob's garment, is of many colours, unequal and motley.—Fielding's Mock Doctor and Apothecary, when he was asked by a skittish girl, "what education he had received?" "First, you hussey," said he, "at the charity schools, where I learnt to read. I then waited on a gentleman at Oxford, where I learnt very near as much as my master; from whence I attended a *travelling* physician six years, under a facetious denomination. So I learn't physick!" "When," says the Rev. Vicesimus Knox, "we turn our attention to the *lowest order* of PRACTITIONERS, pretenders, and empirics, we see this noble art disgracefully perverted. After having spent seven years in a shop, macerating and compounding drugs in a mortar, tying labels to the necks of phials, sweeping a warehouse, and spreading plaisters, and after having acquired a little paltry portion of mechanical knowledge by constant habit, he is dismissed as complete, and going into the country a bold professor of Pharmacy and Chirurgery, with a smart dress, or an unblushing countenance and a voluble tongue, he is sure of success, and bids *defiance to all the learning in the world*. He is, in his own opinion, another Heberden, or Hippocrates, and is, indeed, an object of real *wonder* to the *country people*!"—*Moral Essays*, Ed. 1, p. 153; Ed. 2, p. 221.

A wit of the 18th century parodizes the *SEVEN AGES* of the same character in this style:—

— "At first the COUNTRY LAD,
Grinding and pounding
in the Druggist's shop,
And then the forward PUPIL
with his lancet,
And case of instruments,
walking like —
Unfeelingly
the streets."
— "Then the MAN-MIDWIFE,
Spurring like Hunter to the
woeful labour
Of Madam's lawful child;"
— "Then a SURGEON
Full of address, and booted
like a Squire,
Jealous of practice, quick
in reducing fractures,
and dressing wounds."
— "Then the PHYSICIAN
In chariot gay, on carpet and
the town,
With eyes obsequious, hair
in lank-like style
And so he gets his fees."
— "Last scene of all
Is Gout at Bath to *escape*
oblivion."

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

FRACTURES OF THE THIGH—PATELLA.—COMPLICATED FRACTURES AND THEIR TREATMENT.—SIMPLE AND COMPOUND FRACTURES OF THE LEG AND FOOT.

IN fractures of the upper extremity of the thigh-bone, below the trochanters, you may have, in consequence of the displacement of the superior end of the fracture, a very serious subsequent deformity, of which the specimen I now show you will give you an example. Here the fracture has occurred just above the trochanter, and the upper extremity of the bone has been drawn so much upwards and forwards, that it has united to the shaft at nearly a right angle; and, in fact, if a fracture takes place anywhere in the upper third of the bone, the same causes are capable of producing very considerable deformity. This is an example of a similar kind, where the fracture occurred two inches, or more, below the trochanter minor. Here, you observe, the upper extremity has been drawn upwards and forwards, so as to form an angle.—*Treatment*: In fracture of the upper third of the thigh-bone, inasmuch as you cannot effectually depress the upper end of the fractured bone, which is drawn upwards and forwards, you must raise the lower extremity to a level with it; and this is best accomplished by the fracture-bed which presents a double-inclined plane, giving you the power of bringing that plane in different degrees of elevation, which will enable you to raise the lower portion to a proper level with the displaced upper portion. But, in addition to the condition into which the limb is brought by the double-inclined plane, you must confine it by three splints, an external and internal, and an anterior one applying at the same time soap plaister and a many-tailed bandage.

Fractures of the shaft of the thigh-bone more commonly take place below the middle or in the lower third.—*Treatment*: In respect to this, as well indeed as regarding fractures of the thigh-bone generally, a great difference of opinion has prevailed respecting the proper position of the limb. Mr. Pott inculcated the advantage and propriety of the bent position of the knee, with the limb resting upon its outer surface, so that the patient might lie on his side; that the fracture should rest on its external surface on the bed, that the external condyle of the knee should rest on the bed, and that the knee should be about half bent; that is the position which Mr. Pott strongly recommended, and which, from his recommendation and his writing, has very commonly been adopted in England since his time—the half-bent position of the knee with the fractured part of the thigh resting on its external surface. In France, more particularly from the time of Desault, it has been customary to lay the limb in a *straight* position; and I have no hesitation in saying, that if the question is merely between the bent and the straight position, the French plan is the best. The truth is, that patients cannot and will not support the bent position with the body resting on the side, the foot on its external surface, and the knee on its external condyle. You might put a patient into that position immediately after the accident, but he cannot continue to remain in it for a long time. The pelvis sinks down, the patient gets on his back, the limb remains on the side, and the consequence is, that the thigh-bone unites in an improper way, and the knee and foot are permanently turned outwards or everted. The straight position avoids this inconvenience, for when you have done up the fracture, and placed the limb in the straight position, you may at all events calculate on the patient remaining on his back, although

he cannot long continue in the awkward position of lying on his side. I believe general experience has offered proof pretty decidedly in favour of the straight position. There is, however, another kind of posture, which has been much adopted in this country, and that is the bent position, with the patient lying on his back, employing the double-inclined plane, and the extremity placed in a position similar to that which I have explained as proper in the case of fracture of the neck of the thigh-bone. This double-inclined plane is often employed in some parts of England, by using two boards, one for the thigh and another for the leg, to which it is always advisable to add a foot-board. With this double-inclined plane, the employment of splints, lateral and anterior, must of course be adopted.

In fractures of the inferior extremity of the thigh-bone, the circumstances attending them are various.—Treatment: When the fracture extends through the lower part, when it is a comminuted fracture into the joint, if the fragments are not displaced, it is not very material, I apprehend, whether the limb be placed in a straight or in a half-bent position on the inclined plane. It is said, that by putting the limb into the straight posture, the pressure of the lower extremity, of the tibia more particularly, fixes and keeps in a proper situation the broken fragments of the femur. In this case, when the two condyles of the femur are split through the middle, you might have a displacement of one of them, and the proper position of the tibia might certainly keep them more opposed to each other. However, when fractures happen of the condyles, they are not attended, I think, with much displacement. At all events, I have seen several cases of fractures passing through the knee-joint, where patients have done very well when they have been placed on the half-inclined plane. Those I now show you, are two cases where the fracture passes perpendicularly through the middle of the cavity that holds the patella in its situation. Here is a specimen where one of the condyles is broken through at its thick part. Here is another of comminuted fracture of the lower part of the bone, and of fracture of the condyles.—In these instances you may expect that there will be inflammation of the synovial membrane of the knee-joint, increased secretion from that membrane, and more or less of swelling and redness of the joint. You must, of course, adopt proper antiphlogistic means to combat those symptoms, and when they are properly removed, then you adopt the means necessary for confining the fragments of the broken bone in a right position. Although such cases very often present rather formidable appearances during the active disturbance produced in the joint from this mechanical injury, you find that, under judicious antiphlogistic treatment necessary for removing those symptoms, the cases do very well. You will, of course, be aware of the necessity in these instances of what I have had occasion to mention with respect to fractures of the olecranon—to give passive motion to the joint three or four weeks after the occurrence of the accident, for the purpose of preventing anything like stiffness or partial ankylosis.

Fracture of the Patella.—In the great majority of instances the fracture of the patella is *transverse* and *simple*; the bone is broken straight across, and, generally, in one place. It may, however, be broken *longitudinally*; it may be broken *obliquely*, and it is also susceptible of *comminuted* and *compound* fractures. But the latter, that is, the oblique, the longitudinal, the comminuted, and the compound, are rare fractures, while the simple transverse fracture is of frequent occurrence. The oblique, the longitudinal, the comminuted, and compound fractures of the patella, are effected by direct violence, immediately acting upon the bone, such as a severe blow on the front of the knee-joint, or a heavy fall when a person comes to the ground upon the patella. But the common kind, that is, the simple transverse fracture of the patella, is produced by the action of the muscles that are affixed to the basis of the bone, the extensor muscles of the knee. A person, in walking, being in danger of falling, by the heels slipping from under him, makes a violent effort to save himself, just as the heels are slipping forward, and when

the knee is somewhat in the half-bent position; he exerts the extensor muscles of the thigh to the utmost of their power to bring the thigh, the whole of the trunk, forward over the feet to save himself. The bone being held firmly at the lower part, and the extensor muscles suddenly drawing it upon the edge of the trochlea, the bone is snapped, just as a piece of stick would snap when forcibly struck against the edge of a table. You will see that when the extensor muscles of the knee-joint are put into action, in order to draw the thigh forward for the prevention of a fall, the whole weight of the body is carried forward, and it is this violent action that causes the fracture. When the patella gives way thus, the patient falls to the ground, so that the fall on this occasion is the consequence of the fracture; the fracture does not take place in consequence of the fall.—*Symptoms:* The symptoms of this fracture of the patella are, inability on the part of the patient to move the joint; the same want of power over the motion of the knee-joint is felt as we observe with regard to the motions of a limb when the main bone of that limb is broken. The patient falls; he has no longer the power of moving the part; more or less of pain is usually experienced in the knee; and, on examination, in consequence of the surface of the patella being covered merely by the skin and thin aponeurosis, we immediately recognise the division of the bone; we discover the fissure, or separation, which has occurred; we can feel with the fingers the interval between the two pieces of bone, which is sometimes so considerable as to admit of a finger being laid in it. The separation that takes place under these circumstances is considerable, from the superior fragment of the patella being drawn upwards by the contraction of the extensor muscles. The extent of this displacement, however, varies very much, from the circumstance that the fibres covering the patella, and the lateral attachments of fascia, are, in some instances, completely broken through, while in others they are not divided at all. If these be not divided, there may be a mere fissure between the fragments; there may be no retraction of the superior fragment; but if they be extensively detached, you may have the superior fragment drawn up from the inferior half an inch, an inch, two, three, or four, inches, or even more; you may have a very wide interval indeed between them.—*Treatment:* This interval you find you can diminish considerably by the position in which you place the limb. If you put the knee in the extended position, and if you also bend the thigh on the pelvis, you thereby relax all the muscles attached to the patella, and consequently you diminish the interval between the inferior and superior fragments; the former of which, so far as regards the tibia, remains always at the same distance. Of the muscles that are attached to the basis of the patella, the principal, the two vasti and crureus, which cover the sides of the thigh, are completely relaxed by the extension of the leg; but the fourth, the rectus femoris, is only relaxed when you bend the thigh on the pelvis. Then, when you have all the muscles relaxed as much as possible, (which is to be obtained by the extension of the knee, and the bending of the hip-joint,) that is the position in which the limb is to be placed, in order to favour the approximation of the broken ends of the bone; and the patient is to remain with the limb so placed, until the process of union is complete.—In a great number of instances, you will find that the broken portions of the patella are so nearly approximated by this position of the extremity, that you gain no further advantages by the application of bandages, or apparatus of any kind. You may therefore, in many cases, treat the fracture of the patella by simple attention to position. When the knee is in the extended state, you certainly can obtain no advantage, so far as the approximation of the broken portions of the bone is concerned, by anything you can do to the lower half of the patella. The latter is connected to the tuberosity of the tibia by a ligament, which does not admit of extension or contraction, and therefore remains permanently the same; the upper end, connected with the muscles, may indeed be drawn downwards towards the lower, as it is more or less elevated, according to the action of the muscles connected with it.

The application of bandage, and pressure from above, therefore, may contribute to depress the superior fragment; and the interval between the two fragments may certainly be increased by motion of the inferior limb; that is, if you were to bend the knee-joint, you would increase the interval by removing the inferior to a distance from the superior half of the patella. You observe, that in the skeleton, I make an interval of more than two inches, in this situation, by simply bending the knee. You may, therefore, increase the interval, as I have said, by bending the knee-joint, but no person would think of bending the knee in a case of fractured patella. When, therefore, the knee-joint is straight, you can do nothing more, so far as regards the inferior fragment, and all your attention is directed to the superior one. In a great many instances, then, you will find that position, without any bandage or apparatus, will bring the broken ends of the bone, as nearly in contact as you can have them. Frequently, a broken patella is bound up by a *figure-of-8* bandage, crossed above and below the patella in front, and going behind the ham, so that the two portions of the figure of 8 encircle respectively the inferior and upper parts of the patella, the decussation taking place in the ham. Boyer recommended concave splints, adapted to the superior surface of the lower half of the thigh, the knee, and upper part of the leg, occupying, therefore, about two-thirds of the limb; with brass knobs on each side, and two straps coming from the one to the other, one above and the other below the fragments, circumscribing the parts in an elliptical form. The limb, then, must be kept for five or six weeks in this attitude, with or without the assistance of apparatus, as we find necessary; and in that time, you will find the union of the patella to have taken place, though it will not have become strong enough to enable the patient to use the limb, to lean upon the joint, and to put in action the muscles which are inserted into the patella. The patient ought not to begin to exert those muscles, particularly if he be an elderly person, in less than a couple of months. We find, that before the end of that time, the parts are not united by bone, but that the two broken portions are joined together by ligament, and if the patient begin to use the limb earlier, the ligamentous union will become elongated, and the interval between the two fragments increased.—The strength of the ligamentous deposition, which connects the two portions of the fractured bone, depends a good deal upon the degree of approximation obtained between the fractured portions. We may say, that if these are separated only to the length of an inch, they will become united by a very firm ligamentous substance, and that the patient will recover nearly the complete use of the knee-joint, and the power of the extensor muscles connected with the articulation; but, when an interval comes to be extended beyond that distance, you have so thin a ligamentous stratum uniting the bone, and the relaxation of the muscles of the thigh is of course so great, that the power over the knee-joint is very much diminished, and the patient is rendered a cripple for life.—The circumstance of fracture of the patella not uniting by bone, seems to arise simply from the two fragments not being brought closely together. I fancy there is nothing in the situation or structure of the patella that in itself would render the bony union impossible. The only peculiarity that we can observe here, is, that we do not generally succeed in bringing the broken extremities of the bone into actual contact; in fact, to show that bony union may occur, it is only necessary to mention that in some rare instances the patella has been united by bone. There is an instance of the sort mentioned by Boyer; and, in fact, in the work which I have here, there is a representation of a patella which was united by bone—I now show you the view of it. This exhibits a part of the fracture, but the anterior surface of the bone is nearly complete. I should observe that, in this instance, the length of the patella, by measurement from its superior edge to its inferior edge, exceeded that of the opposite patella by half an inch; so that although bony union took place, there was elongation of the bone. Some two or three cases have occurred in which osseous union

has taken place. I may also observe that when the patella is fractured longitudinally there is no separation of the fractured portions. It then unites by bone. Now, as the patella forms a portion of the knee-joint, you will not be surprised at finding that, when broken, a considerable degree of inflammatory action is experienced in the knee-joint; that the joint becomes swollen and hot, and that effusion takes place from the inflamed synovial membrane. In fact, the occurrence of inflammation to a certain extent is a very common circumstance. You are not to place the joint in the position which it is permanently to occupy during the process of union, until you have removed that state of inflammation. You should, therefore, in the first instance, keeping the joint extended, apply leeches if necessary, lotions and other requisite means. You may find it necessary to continue these for two, three, four, or more, days before applying such bandages or apparatus as you may deem expedient. You remove the inflammation of the joint before you commence the means that are necessary for the consolidation of the fracture.

Complicated Fractures, and Treatment.—In the case of other fractures of the patella, the inflammation which injury to the soft parts excites, and the possible or probable ultimate effects of that injury, are circumstances of more consequence than the state of the bone. The first point, therefore, in these other fractures of the patella, is to adopt all the means that we should deem necessary in the case of a serious wound of an important joint,—to use such antiphlogistic means as are requisite to prevent or remove inflammation. If there be a *comminuted* fracture of the patella, with an external communication rendering it also a *compound* fracture, of course the case is a very serious one. A penetrating wound of the knee-joint, or of any great articulation, is at all times serious, and it is, of course, not rendered less so by a comminuted fracture of the bone. It has sometimes been supposed that this is a proper case for immediate amputation; but we are not to regard it in that point of view. It is a very serious case, and amputation may become necessary; but there are instances in which compound fracture of the patella, with a comminuted state of the bone, has been cured, leaving the patient merely with a stiff joint. You cannot expect the patient to retain the entire use of the joint after such an accident, and if the inflammation should subside, if certain portions of the fractured patella should come away, and no other injury should be the result than ankylosis of the joint, the patient comes off very well.—Such a case has occurred. There was an instance in this hospital, in which a patient had compound fracture of the patella, and recovered thus far; he has now such a limb as enables him to go about; he has the use of that limb pretty well.

Fracture of the Leg.—In fractures of the leg we may have the two bones broken together, or we may have them broken separately. The most frequent case perhaps is the *fracture of the two bones* together, when, in addition to the irregularity in the bones themselves, there will, of course, be more or less change of figure—deformity of the limb in which the accident has occurred. When the two bones are both broken, it does not follow that they were broken at the same time. The tibia sustains the weight of the body; the fibula has nothing to do with it; therefore, the tibia probably breaks first, and the patient continues to move upon the limb, not aware of the extent of the accident, and the motion that takes place after the occurrence of fracture of the tibia will perhaps cause the fibula to break. But then it will break at its weakest part—it does not follow that it should break exactly in the same place where the fracture has occurred in the tibia. Here is an example in which the tibia and fibula have both been broken; the tibia has been broken at its lower third, that is, about three inches above the ankle, and the fibula has been broken about a couple of inches below the knee. Here is another instance where both the bones have been broken in different situations. Here is another in which the fracture has occurred in the corresponding parts of each bone.—The tibia may be broken transversely or obliquely; it may be broken in different parts, that is, it may be comminuted, and

the fracture may be simple, or it may be compound.—In the case of a *transverse fracture* of the tibia, we do not find any displacement of the broken ends, and this more particularly, if the fracture take place towards the upper part, that is, in the neighbourhood of the knee-joint, where the bone expands in size, and the fractured surfaces are of course larger. These fractures, however, are frequently in some measure serious, in consequence of their probable extension, as is often the case, into the knee-joint. When the fracture of the tibia is oblique, it usually slants from above downwards, and, at the same time, from without or behind, inwards or forwards; that is the direction in which the obliquity is observed; so that when the fractured extremities are displaced, which they often are to a considerable extent, the sharp end of the superior fragment passes against the integument covering the skin, penetrates it, and thus converts a simple into a compound fracture. Indeed there is so much tendency to displacement from the action of the muscles of the leg, particularly the powerful muscles of the calf, that when the tibia is broken obliquely, the fibula being fractured at the same time, it is difficult entirely to remedy the displacement. The strong muscles of the calf acting on the os calcis, tending to draw the foot upwards and backwards, displace the lower part of the bone, and carry it behind, so as probably to occasion the two portions to form a very marked projection or deformity forwards.—The mode of *treatment* which is usually adopted in fractures of the leg, is that of placing it in a position in which the knee, the leg, and foot, are laid on their outside, with the knee in the half-bent position; this is, in fact, the attitude that has been recommended by Mr. Pott; and the objections which I made to the half-bent position of the limb lying on its outside, in fractures of the thigh-bone, do not apply to the same position in cases of fractures of the leg. This bent position of the leg relaxes the strong muscles of the calf, which come from the back of the femur, and those are, perhaps, the muscles which have the greatest power in displacing the fractured ends. I think, therefore, you will find that position of the limb to be altogether the most convenient. The outer side rests on a broad splint, which is nearly flat, and reaches from the upper edge of the knee down to the foot, having a foot-piece connected with it; and there is another splint to be applied, extending from the inner condyle of the femur down to the lower part of the foot. The splints are padded, that they may sit easily on the limb. The fractured part is covered by soap plaister, and the limb is bound up with a many-tailed bandage. This is a convenient, and, in many cases, beneficial mode of retaining the fractured ends of both bones of the leg in contact.—If the tibia be broken alone, the fibula remaining entire, you will easily perceive there can be no material displacement of the fracture, and therefore the position I have just recommended, together with the apparatus alluded to, will answer for such an accident.—The *fibula* is, not uncommonly, broken alone, without the tibia participating in the accident. This may happen, either in consequence of some violence directly offered to the fibula, that is, some blow upon the bone fracturing it at the point of contact; or it may happen in consequence of a twist or dislocation of the foot. In the former case, that is, if the fibula be broken by direct violence applied to it, there is of course no displacement of the foot—that remains in its natural position. Sometimes there is considerable difficulty in detecting a fracture of the fibula, for that bone is so covered with muscles, that we cannot trace it with the hand throughout its whole length, nor detect crepitus. The circumstance of the patient having met with an accident, the particular nature of that accident, the sensation in some instances of a snapping or giving way of the bone, an inability to use the limb, with a particular pain on touching or pressing it—these are the circumstances that must guide us in doubtful cases. If we are unable to decide, it is better to treat the case as if the fibula were fractured, and to let the patient go through the same process as is customary in that accident.—The fibula may be fractured in consequence of the dislocation or twisting outwards or inwards of

the foot. The lower extremity of the fibula constituting the external malleolus, is applied to a considerable portion of the surface of the astragalus; now, if the foot be twisted outwards, you will observe, that a great power is applied to the inferior portion of the fibula, and you will not wonder that it yields at its lower part. If the foot be twisted inwards, a similar accident may occur. The ligament connecting it to the os calcis and lower part of the astragalus, is forcibly drawn inwards, and thus it will happen that the fibula may be broken, perhaps at a distance of two or three inches above the ankle-joint, not directly in consequence of force applied to that part, but merely from the twisting of the foot inwards or outwards; so that in this case you have the fracture of the fibula with more or less dislocation of the foot. This is a kind of fracture that happens in the lower part of the fibula, in that part where it is covered by little more than skin and integument, and where, therefore, detection by the hand is more easy. The lower end is more moveable under these circumstances, and you can with little difficulty ascertain the nature of the accident. Perhaps by passing your hand over the part where the pain is experienced, you can detect the crepitus.—**Treatment:** When the fibula is broken by a blow, you may place the foot in the position I have mentioned; but if it be twisted outwards or inwards, it may be necessary that you should enclose the foot as well as the leg; that there should be a foot-piece to that on which the leg lies on the outside, as well as to that which lies on the inside of it, by which means the foot may be kept in a proper position with respect to the bones of the leg; you judge of this by the direction which the great toe bears in reference to the patella. When the great toe is in a straight line with the inner edge of the patella, then the foot is in a proper position. At all events, either by this or some other contrivance, you must attend to the situation the foot bears with respect to the fractured portions of the fibula, and to the state of the leg generally.

Compound Fracture of the Leg.—With respect to compound fracture of the leg, which is the most frequent *compound* fracture you will have to treat, the general observations I have made to you respecting compound fractures are particularly applicable. I need not, therefore, go over those remarks again minutely. In the first place you should place the limb on a soft cushion, and adopt the means necessary for reducing inflammation, before attempting to confine the limb between those hard unyielding substances called splints; for possibly you will find sometime after the accident, that the straight position of the limb on a soft cushion in a fracture-box will be much easier to the patient, and much more likely to accomplish the object in view, than the application of any splints. You will find this straight position of the limb, and the use of the fracture-box, are proper at first in compound fractures, as these are attended with contusion, ecchymosis, and swelling, so that, under common circumstances, the application of splints, and confinement of the limb, must be delayed for some time after the accident has occurred.—I should mention to you, that when fracture occurs in the lower part of the tibia, near the ankle-joint, it not uncommonly happens that the injury extends into the articulation; and it is by no means uncommon to have either the internal or the external malleolus broken, in which case the fracture must, of course, extend into the joint. These occurrences, if not complicated with an external wound, are by no means of any particular consequence. They may occasion a degree of swelling and inflammation of the joint, and may render it necessary to use leeches, and other means for checking inflammation; but the cases will go on nearly as well (except as far as the employment of those means are requisite) as any ordinary fracture would do. I should, however, mention to you one point which I have not described, respecting fractures of the leg, and it is a point of some consequence. The three large arteries which run along the leg, the anterior tibial, the posterior tibial, and the peroneal artery, run all three of them very closely in contact with the bones of the leg; they run so near to them, that they are certainly very

liable to injury in the case of fractures of those bones; and the complication of a wound of one of these vessels adds very much to the difficulty and seriousness of a case of fracture of the leg. You, perhaps, may not be aware of the occurrence of any injury to the vessel immediately after the accident, but you may have hæmorrhage coming on at some distance of time. I remember the case of a man about forty-five years of age, who came into this hospital, under my care, in consequence of a fracture a little below the middle of the leg, produced by a heavy piece of timber falling on the limb. It caused a comminuted fracture of the bone; the bone was broken at more places than one. The limb was placed in a fracture-box. It was necessary to employ leeches repeatedly, after which the case was proceeding favourably. I think it was more than a fortnight after the accident occurred (and when the case seemed to be going on very well), that it was found in the morning he had experienced a considerable loss of blood during the night; more than a pint of blood was found in the fracture-box when the house-surgeon saw him. On examining the wound he found a sinus extending in a particular direction, which he divided, and after doing this the hæmorrhage was renewed—the man again lost a considerable quantity of arterial blood, which seemed to arise from the whole depth of the wound, which was situated on the anterior part of the tibia. When the wound was exposed to the air, and cold cloths were laid over it, the hæmorrhage ceased. For three days he had recurrences of hæmorrhage, not to any great extent, decidedly of arterial blood. Having consulted with my colleagues on the subject, we determined that it was a case in which amputation ought to be performed. I should observe that we had accurately examined the state of pulsation below the situation of the injury, and found that the anterior tibial artery pulsated very strongly on the back of the foot, so that we concluded the hæmorrhage proceeded from one of the posterior arteries of the leg; therefore we did not think of making any attempt at securing the anterior tibial—the anterior tibial pulsated on the back of the foot, just as plainly and as strongly as it did in the opposite foot. I removed the limb of this poor man below the knee, and afterwards examined it. I found contrary to the opinion we had formed, that the anterior tibial artery was the source of the hæmorrhage, that the current of blood through the anterior tibial artery ran directly over the sharp anterior edge of the broken bone, from which fragments had been removed; so that the artery had gradually ulcerated through at the part where it lay on that sharp edge of the bone, and there was an opening there about large enough to admit the end of a probe; and no doubt it was from that that the hæmorrhage had proceeded. All the three arteries presented a particular appearance; the internal coats were more or less thickened, and had throughout them, at very short intervals, thin scales or plates of ossification, so that in cutting through them, the knife grated as if cutting through thin pieces of bone; and this is a circumstance not uncommon in the arteries of persons of that age.

In the foot, the bones are so little liable to fracture that we have not much to remark on the subject. The *os calcis*, however, projects so much from the rest of the foot, and is so much exposed to external violence, that it may be broken. I fancy, however, that it is an uncommon occurrence. I saw it in the case of a gentleman who had been riding outside a stage down Holborn Hill. The horses in the coach took fright, or he took fright, and thought he was in some degree of danger; accordingly, he took it into his head to jump from the coach, and alighted on the pavement on his heels. He was rather heavy, and he fractured the *os calcis*, breaking the posterior part of the bone, which was drawn off by the muscles of the leg. There was an obvious displacement of the bone, an inequality which rendered the nature of the accident perfectly clear. When the knee was bent, and the foot extended, so as to relax the muscles completely, a crepitus was felt between the broken fragments of the bone; this case did perfectly well. The limb having been kept in the attitude I have mentioned, the knee bent and the foot extended

by a splint fastened along the anterior surface, this gentleman recovered a very good use of the limb, having, however, for awhile something of a halting gait when he walked.—The other bones of the tarsus cannot be broken except in consequence of an accident of a very serious kind, attended with considerable crushing of the bones of the foot, and if those of the *metatarsus*, or toes, are broken, the nature of the accident will be sufficiently obvious, and the mode of treatment very simple.

SPIRIT OF THE MEDICAL PRESS.

PURULENT OPHTHALMIA, EVEN BEFORE BIRTH.

By John Walker, Esq., Manchester.

IN the course of these excellent Lectures on the Eye, by Mr. Walker, a case of the above-named disease is related, which is very remarkable. Mr. Walker says:—You will, probably, agree with me in thinking that this disease may arise from a number of causes, one of which may be some such secretion as that alluded to, and another a peculiar congenital predisposition.—This extraordinary case I will state a little in detail, since, as far as I know, there is no similar one on record, although, probably, others must have occasionally occurred. The child, when first brought under my notice, was six months old, and the mother, a very intelligent person, informed me, that at the time of birth, its eyes exhibited the same appearances as were now observable. The disease had run through its entire course previously to birth, for, according to her account, there was no puriform discharge, inflammation, or intolerance of light, noticed at any time subsequently. The cornea of one eye had completely sloughed, the eye-ball had sunk, and, of course, not the slightest vision existed. More than one-half of the cornea of the other eye was opaque; through the remaining transparent portion of a part of the pupil could be discerned, and the iris and cornea appeared almost in contact. The transparency gradually extended, and more of the pupil became accessible to light; hence, though vision was very imperfect when I last saw the child, yet it appeared to be gradually improving. Now, after duly considering how perfectly the phenomena presented by the eyes of this child agree with those met with as results of purulent ophthalmia attacking infants after birth, I think that no reasonable doubt can be entertained that they were occasioned by purulent ophthalmia which occurred before birth.—This is not the only case that I have met with, affording evidence of active disease of the eyes having been present during the uterine period of existence. Some few years ago I saw a child, then only two or three days old, the cornea of each of whose eyes was opaque throughout and unusually large and prominent, so that very little of the sclerotic was discernible. The opacity was of a blueish-white colour; there was scarcely any irritation about either eye; nothing like inflammation. I merely prescribed some palliative remedies, regarding the case as one of malformation, and thinking that this would probably be permanent. This child, however, when about two years of age, was again brought to me on account of some slight inflammatory condition of the eyes, and I was surprised to find that they had assumed a perfectly healthy appearance, the cornea having become quite transparent, and of the normal size.

REMARKS OF A GERMAN ON ENGLISH OBSTETRICY.

IN general the English physicians are much less disposed than their brethren on the Continent to perform operations, and trust more on all occasions to the efforts of nature. This will appear when I mention that Clarke, during

the seven years that he was accoucheur at the Dublin Institution, states that in 63 cases only out of 10,199 deliveries was the employment of any instruments resorted to, and that Collins, the late master of the same extensive charity, had recourse to them only 145 times in 16,654 cases. This unwillingness to employ any forcible means, unless peremptorily required, arises no doubt from the slight importance attached by the English to the life of the infant compared with that of the mother. Hence the frequency with which embryotomy is performed, and the comparative rarity of the use of the forceps; and, as to the Cæsarian operation, that is never thought of, except where the child cannot be extracted even after the head has been perforated. (Strange that it ever should.—*Rev.*) As to the mortality among the infants, 1,121 out of 16,654 were born dead during the mastership of Dr. Collins. Of 97 cases in which there was prolapsus of the umbilical cord, 73 of the infants were born dead; the mothers did well in all these cases. Dr. Clarke, the predecessor of Dr. Collins, has told us that only 17 children out of 66 cases, where there was prolapsus of the cord during labour, were born alive. The mortality among the women seems to be very small; for of 16,414 who were delivered in the institution during Dr. Collins's mastership, only 164 died; although during this time there had been an epidemic of puerperal fever.—In cases of uterine hæmorrhage, the English accoucheur relies chiefly on a speedy extraction of the placenta after the child has been delivered; in usual, the placenta is never allowed to remain longer than one hour after the accouchment. The employment of firm compression of the hypogastrium, of cold applications or douches, and the introduction of the hand into the cavity of the uterus, are generally resorted to in this form of hæmorrhage. What are considered by far the most potent internal remedies are opium and spirituous drinks, whenever there is any tendency to syncope.—It is only in the last extremity that Mr. Kennedy has recourse to the use of the forceps in the case of puerperal convulsions: he very generally trusts to the efforts of nature. In 15 out of 30 cases of convulsions—and of these 24 were first-labour cases—the delivery was spontaneous; in six it was effected with the aid of the forceps; in eight the perforator was used; and in one only turning was performed. Of the 30 children, 14 only survived. Of the eight women, in whose case embryotomy was performed, five died.—*Neue Zeitschrift für Geburtshunde.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 15th August, 1840:—

Epidemic, endemic, and contagious diseases	185
Diseases of the brain, nerves, and senses	160
Diseases of the lungs, and other organs of respiration	216
Diseases of the heart and blood-vessels	19
Diseases of the stomach, liver, and other organs of digestion	115
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c. .	3
Diseases of the joints, bones, and muscles	2
Diseases of the skin, &c.	0
Diseases of uncertain seat	108
Old age, or natural decay	46
Violent deaths	29
Causes not specified	1

Deaths from all causes

IMPROVED TREATMENT OF LUNATICS.

[From the Report of the Montrose Lunatic Asylum, 1840.]

WEAVING and picking oakum at one wing, knitting and sewing at the other, continued to be our chief laborious occupations, as in former times; but we have also had shoemaking on a small scale, with a few efforts towards other of the minor handicrafts. A turning-lathe, often spoken of, and lately authorized by the House Committee, will doubtless be a material acquisition. Several of the Males lent willing assistance in erecting the stage or scaffold to which I alluded when speaking of Case No. 1. It is in the rustic style, has an agreeable appearance, can be easily ascended, and, when so, affords a view, above and beyond the surrounding dead walls, that attracts some of the laziest and most enfeebled of our lodgers. It cost little more than £10—a sum quite paltry in comparison with the benefits accruing; and, accordingly, another, intended for the airing-ground of the Females, has been ordered by the above-mentioned gentlemen. Only such as, like them, have had opportunity to witness the management of the insane, can thoroughly estimate the advantages derived from contrivances of the kind. In point of fact, as is now well known, they are much more efficacious than all the coercive measures ever devised—which, to say nothing else, at once converted Overseers into Gaolers or Executioners, and tended to destroy the very elements that warranted any hopes of their wretched victims. Were it practicable, it would be instructive, to contrast the blacksmiths' accounts of the olden times with those of modern days, in so far as relate to Madhouses. One item of the former, heavy in a double sense, has no place in the latter. Nay, so extraordinary has been the revolution in treatment within the memory of living witnesses, even the lighter apparatus of a strait-jacket ceases to be charged against the managers. An applicant for one, intended to be imposed on a patient in the country, was lately quite astonished when I stated that, for the strongest of all reasons, we could not possibly supply it. During the absence of a proper keeper, a simple leather muff was granted instead, but was immediately superseded when the individual arrived at head-quarters.

As the subject of *Restraint* has been recently brought forward in a variety of publications—and especially by Mr. Gardener Hill of Lincoln, who contends for its total abolition in the treatment of the insane—I conceive it my duty to add a general opinion to these remarks, and it may be delivered in few words. My judgment, founded on many years' observation—and I shall make no pretensions to eminent humanity—is decidedly in favour of that gentleman's views, as either leading to or connected with the safest, easiest, most effectual, and, therefore, the best, system of practice for the cure of the deranged. I concur also with him in maintaining that, to render the plan adequate for all desirable purposes, "several essential requisites must unite."—These are well stated by him:—"1. A suitable building must be provided, in an airy and open situation, with ground sufficient for several court yards, gardens, and pleasure-grounds, commanding (if possible) a pleasing and extensive prospect. 2. There must be a proper Classification of the Patients, more especially by night. 3. There must be also a sufficient number of strong, tall, and active attendants, whose remuneration must be such as to secure persons of good character, and steady principle, to undertake their arduous duties. And 4. The House-Surgeon must exercise an unremitting control and inspection, in order that the plan may never, under any cir-

cumstances whatever, be deviated from in the slightest degree."

My regret is, that the essentials now enumerated do not everywhere co-exist, and that Montrose cannot be held up as fully exemplifying both their combination and their highly probable results. In the absence of some of them, accordingly, and at variance with my own creed, I must tolerate the occasional imposition of hand-cuffs, to prevent greater evils than they inflict. Mr. H., I am persuaded, would not blame me, under circumstances, for departing from the *true faith*, inasmuch as, *e. g.*, I pinioned one man, because, having an ulcerated leg, which needed poultices and ointments, he repeatedly tore off and actually swallowed them; or that, with a latitudinarianism not deemed heretical in a *pure* Physician, I had another tucked down to bed till the turbulence of Delirium Tremens yielded to a potent opiate; or even that, with only one female attendant to twenty of her sex, I permit the temporary confinement of a couple of arms which would both reduce their possessor to nudity and dispense merciless blows on all around.

While in cases where intellect is totally suspended, as under the pressure of Epilepsy, or in the rage of Phrenitis, I should not hesitate a moment to guard against biting through the tongue by a wedge between the teeth—or precipitation over a window by strapping down the limbs, the capability of reasoning, though in a very low degree, would be an argument with me for almost any species of mental influence as preferable to physical coercion. Imperfect as our classification may be reckoned, one immense benefit, I verily think, daily arises from it—if, so to speak, a negative can have a positive product—namely, that being, as it were, surrounded by an insuperable force—depending on the number of his associates, many of whom have the same tendencies to violence—each individual sees and feels, or which is equal, imagines, that every outrage would be repressed instantaneously, and, consequently, worse than vain. Now, style this sort of influence "the power of intimidation" or terror—suppose it to merit the name—and that it actually enslaves the mind—can I, ought I, to abandon it, at the sacrifice of peace, one of its obvious results, and have recourse, instead, to any mechanical devices whatever? My own answer is the stoutest—No. At the time when I entered on the charge, the most dangerous Patient in the House—a man deemed so ferocious and so filthy as to need perpetual hand-cuffing, with isolation from every living creature—was set at liberty by my direction. One of his first acts—he having been in the army—was to salute me *à la militaire*: he called me, shortly afterwards, an officer of his own regiment, and obeyed my commands accordingly: month by month did one or other human feeling acquire strength over his bad propensities: now he marches about for hours without molesting any one, causes no trouble to the Keeper, frequently converses very shrewdly, occasionally reads the Bible, and, though long ranked among the Incurables, manifests faculties which may probably be cultivated into redemption from their grade. Another, equally unsafe at times, affects to be the guardian and protector of all who are feeble around him; and being, to a certain extent, intrusted with them, may often be seen officiating as a nurse—gently carrying one Patient on his back to bed, washing and clothing a second, feeding a third, smiling and chattering to all. Yet, strange to say, as some may imagine, this of the very individual who, resenting the abstraction of an article confided to him, did not scruple a moment to punish the offender by an equally hearty blow. I might multiply instances in confirmation of the same principle; and it is

incalculably cogent:—Where judgment is not altogether destroyed, some portion of sympathy—the nucleus of moral character—may be reckoned on as co-existent with it; the treatment which a child receives from his parent is due to their possessor, and rarely fails, without odious allies, to give them a triumph over the fiercest opponents.

SUPPRESSION OF PROFESSIONAL QUACKERY.

To the Editor of the 'Medical Times.'

SIR,—We have been instructed by the Council of the Eastern Medical Association of Scotland, to send you the annexed excerpt from the minute of a special meeting of that body, held on the 13th instant, and to request the favour of your giving publicity to the same.

The frequency of such paragraphs in the local journals, and the insertion in these of the name of members of the Association, has called forth this censure on the part of the Council.

We have farther to request, that you will have the goodness to intimate this in your valuable journal, that at the monthly meeting of the council on the 5th instant, an unanimous vote of thanks was passed in favour of Richard Carmichael, Esq., President of the Medical Association of Ireland, for his munificent donation, and general exertions to forward the cause of Medical Reform.—We have the honour to be, your obedient servants,

JOHN LIVINGSTONE, } Secretaries.
A. WEBSTER, }

Eastern Medical Association of Scotland,
Dundee, 17th August, 1840.

Excerpt of Minute of a Special Meeting of the Council of the Eastern Medical Association of Scotland, held at Dundee, the 13th day of August, 1840.

ALEXANDER BELL, Esq., Vice-President, in the Chair.

The following Resolutions were unanimously agreed to:—

1st. That the Council has observed with extreme regret, the custom of publishing paragraphs in the newspapers, for some time past, laudatory of the operations and mode of treatment employed by certain practitioners in various diseases, such means of making public their practice being calculated materially to injure the respectability of the medical profession.

2nd. That as one of the great objects of the Association is the suppression of quackery in all its forms, the council would earnestly impress on all the members of this Association, the necessity of exerting themselves to discourage and prevent such proceedings for the future.

The appeal case of the College of Glasgow *versus* the Faculty of Physicians and Surgeons at Glasgow, was decided in the House of Lords in favour of the defendants. The question was, whether the Faculty of Physicians and Surgeons could grant a degree in Surgery, without the University of Glasgow. The Judges of the Court of Session had declared their opinion that they could; and that decision the House of Lords has affirmed.

There is now a curious case of a sneezing girl, under Dr. Vereker's care in the County Hospital, Limerick. She seems apparently quite well in every other respect, but is affected with continual paroxysms of sneezing, which nothing as yet done seems to control. Many such cases are related in the German periodicals; and there is one mentioned in the 'Ephemerides Naturæ Curiosorum,' referred to by Mason Good, in which 300 sneezes occurred in a single paroxysm.

We understand that Dr. Burden has been elected to the chair of Midwifery in the medical school of the Royal Belfast Institution.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Manual of Botany, &c. By W. Macgillivray, A.M., &c. Pp. 272. Plates. Scott, Webster and Co.

Experiments and Observations on the Gastric Juice, and the Physiology of Digestion. By W. Beaumont, M.D., &c., with Notes by A. Combe, M.D. Pp. 319. Mac-lachlan.

Medical History, and Statistics of the British Legion of Spain, &c. By R. Alcock, Deputy-Inspector of Hospitals, &c. Pp. 101. Churchill.

Practical Observations on the Preservation of Health, and the Prevention of Diseases, &c. By Sir Anthony Carlisle, F.R.S., &c. Pp. 154. Churchill.

The Medical Jurisprudence of Insanity. By J. M. Pagan, M.D., &c. Pp. 327. Symington, Glasgow.

First Principles of Medicine. By A. Billing, M.D., Member of the Senate of the University of London, &c. Third Edition. Pp. 288. Highley.

Outlines of Human Physiology. By W. P. Alison, M.D., Professor of Medicine in the University of Edinburgh. Third Edition. Pp. 457. Blackwood.

Manual of Practical Midwifery, &c. By J. Reid, M.D., &c. With Engravings. Pp. 246. Churchill.

MR. STEVENSON'S paper in our next.

The Government derive a great revenue from the sale of patent medicines. It is perfectly just to say:—"The most extreme Tory, and the most violent Radical, agree in a regard for life and health. No honest man will dispute the assertion, that the system of granting patents to the manufacturers of a parcel of villanous trash ought to be at once and totally abolished. The protection afforded to these scoundrels is injustice to the medical profession—injustice which is only equalled by the imbecility of extending it. What can possibly be the use of preserving the public from the incompetent physician, and of abandoning it, at the same time, to the unprincipled nostrum vendor; of defending it from the fool, and betraying it to the knave? A man would do a wise thing, indeed, in barring his windows against thieves, and leaving his doors wide open. It is idle to plead the imperfect state of medicine, as an excuse for the abominable indifference, on the part of the Legislature, to the rights of its practitioners. That science is imperfect, because its pursuit is discouraged. One thing, however, is certain; namely, that those whose calling it is, should strenuously exert themselves to disprove the imputation on their skill, to which the patronage of empiricism by the State is equivalent."

ENQUIRER.—The patient upon whom the operation of Lithotomy was performed, as detailed in the Field-day in Gower-street, died; we had almost said as a matter of course. It is quite true the *Lancet* "does not report a quarter of Mr. Liston's cases;"—the fact is, it only reports the successful ones; those it never fails to chronicle, but they are a sad minority.

A. B.—We are not aware. He should make the inquiry, addressing his letter to the Dean of the Faculty, University, Aberdeen.

MR. STEVENSON has obligingly afforded us an opportunity of examining a self-acting, portable, and very ingenious jet d'eau or eye-fountain, recently brought from Germany. Cold water conveyed to the eye, in an easy and simple manner, by means of the instrument alluded to, seems admirably calculated to strengthen and give tone to the visual organ in those numberless instances in which it has been previously weakened and relaxed by inflammation, or other diseases, or by intense application to reading, writing, or other minute and dazzling work.

H. B., in forwarding "facts" in contradiction, should send his name (confidentially); we cannot insert his letter without.

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THE MEDICAL TIMES.

HOLE AND CORNER EXAMINATIONS.—SUICIDE OF A MEDICAL STUDENT, ON ACCOUNT OF HIS REJECTION AT THE COLLEGE OF SURGEONS.

ON Friday, Aug. 21st, Mr. Irwin Vesey Davoren, who is described by his friends as a very high-minded and talented young man, went up for examination at the College of Surgeons, accompanied by Mr. Mc Egan, and some other gentlemen. He had been recently married to a Miss Kelly, and had expressed himself as intensely anxious to pass the College, in order that he might commence practice. This anxiety, however, was not accompanied by any doubt of success. His friends passed, but he was rejected. They all went to take refreshment after the ordeal at the Coal Hole Tavern, when Mr. Davoren did not appear depressed by his misfortune. He left his friends, and went to the Piazza in Covent Garden, and called for gin-and-water, sat some time over it, and then requested to be shown to the water-closet. Shortly afterwards, the waiter heard a strange noise, like "stuttering and breathing," and on entering the closet, he found the deceased on his knees, with his head reclining on the seat. He was insensible, and a phial was on the seat. He was removed to the supper room, but died in five minutes. The phial contained prussic acid.—The verdict of the coroner's jury was, "That the deceased's death was produced by prussic acid, taken by him in a state of mental excitement, occasioned by his having been rejected whilst under examination before the College of Surgeons."—This melancholy occurrence must put a stop to the present state of things in Lincoln's-Inn-Fields. We do not mean to deny that many of the examiners treat the candidates with fairness and gentlemanly feeling, but there are others of whom we have heard instances of the most disgraceful and dastardly bullying. This cannot continue.


The shield of secrecy must be torn aside. Students must not be goaded to madness and suicide, nor their destroyers allowed to escape without a full and terrible retribution. The present victim is spoken of by those who knew him best, as a gentleman of high talent, and great acquirements; yet he is rejected, and for what? It will be for his friends to ask this of the council of twenty-one. It will be for them to discover what is the extent of the responsibility of this body. They must demand the name of his examiners, and his blood will be on their heads. The grounds of his rejection cannot be known. Why? simply because the examination was SECRET. Men love darkness rather than light, because their deeds are evil, and the last hope of a respected clergyman's family, the husband of a young wife, the ardent aspirant for professional science and honour, is hurried into eternity—perhaps to gratify some petty prejudice, or to uphold some favourite theory of a superannuated surgeon. Why was not his examiner called to the inquest? Why were his friends not asked the stated cause of his rejection? All this must be looked into. The lesson is a terrible one, and must not be neglected. Our efforts shall not be wanting to assist in bringing the matter into the light, that truth may be made manifest, and justice be awarded to all parties. If the rejection be just, let the examiner avow its grounds, and prove their truth. If he continue to shun publicity, the odium must rest on the whole body of examiners, and on them it shall be visited. In the mean time it becomes the duty of those who accompanied the deceased to the College, to throw all the light they can on the circumstances, and on this his friends may act. The examiner cannot long remain concealed if he wishes it—we shall see if his examination can.

QUACKERY.

To the Editor of the 'Medical Times.'

MR. EDITOR,—It is really astonishing, in these enlightened days, that Quackery should still hold its ground, which your remarks and my own knowledge satisfies me is a fact. I have under my observation at this moment the case of a young and recently married woman, who is under the medical treatment of one of these worthies, named C—, a resident of Plymouth, and this, too, after she had been visited by two of our physicians, and three other medical practitioners, who have pronounced her 'past hope, past cure.' This learned Esculapius undertakes to cure her for £30, and she repudiates all further medical advice or assistance.

But the most barefaced instance of Quackery which ever came under my notice is the following; indeed, as it exceeds belief, I send you a card which I have kept as a curiosity.

[Here is a black hieroglyph with the initials H.P.] DR. PENNY, 2, BATTERY STREET, SONEHOUSE.
 Midwifery performed with the greatest quickness, ease, and safety.
 Attendance in every disease, at his Dispensary, as above.
 His Patients may rely on the greatest integrity being paid them.
 REFERENCE IF REQUIRED.

His list of cures, containing a condensation of all the regular practitioners in this neighbourhood, was sent by him to me for publication.

Will it be believed this fellow picked up a decent living; he has, however, left this part of the country, and is positively carrying on his trade near London.—I am, Sir, yours, &c.
 A SUBSCRIBER.

ETHICAL OR INTERNAL REFORM OF THE MEDICAL PROFESSION.—NO. IV.

It is certainly loathsome and appalling to see men succeed by the disgusting application of qualities in which there is no merit, of shams and appearances in which there is no solidity, by extrinsic helps and arts for which none can take credit to themselves, and to get the "sweet voices" of the first difficult few, and perhaps the longer or shorter lived acclaim of the fickle and fanciful many.

"There is an old saying," says an able writer, "that when a MAN'S NAME IS UP he may lie in bed like a Grand Turk." We, therefore, see some enterprising spirits called men of parts, who pitch upon some trade where ignorance is not easy to be discovered. Resolving to impose upon the world, they deem it easier to set up for a statesman or a doctor than a tailor. As physic is a profession which requires little stock, characters of this kind are very apt to fix on it: it is, *apparently*, that profession which depends least on favour, and in which men may depend upon themselves. The aspirant knows that all that is necessary is the vain and empty nothing of a great "NAME;" he knows that there is a sort of many whom the profession think nothing worth, but of whom the whistling of a NAME will cause the multitude to think highly, because they never can nor will estimate men in medicine except by notoriety. They will swallow a camel from a man with a name, but bolt at a straw from a nameless man of talent: he kills his patients, but for all that he grows eminent, rolls in his carriage, and may leave an estate. "We always see," says he, "that men of this stamp mostly profess some trade or science which they are altogether ignorant, and, indeed, seldom trouble themselves to acquire a knowledge of. Many a quack has made a good estate before he understood one term of his profession." When Mr. Walshman, afterwards Dr., went to Edinburgh to get a degree, Professor Gregory said, "He is come at last to learn a profession he has been practising all his life to get money, and knows nothing at all about." He then details some of the arts by which the scheme is effected. "Of all trades, physic, if a trade," says Sir Arthur Faulkner, "is that which is the most exactly cut out for a ROGUE. There is the absence of all restraint; and the only security for the doctor's ability or fair-dealing may be only what is wafted to us in the gossip of some vile retainer in his interests." But the "exemplar inimitabile vitiis," in this kind, does not stop here; it spreads its defilements through every branching rill and tributary stream of the profession and society, till it contaminate the entire mass of both with its Trulla-like defilements. "The prudent friends of almost every young physician," says Beddoes, "endeavour to fix his entire hopes upon the gullibility of mankind, to assume a part which does not belong to him, to set himself and his mixtures off for what neither HE nor PHYSIC really is!"

It is now our duty to determine in what manner credulity and delusion operate to promote the way of the reptile to the top of the pyramid, and to impede that of the eagle.

"O how it tickles us to see a SWAB
Who ne'er so much as education had,
To make him generous advanced to state."

The errors we have propounded originate, no doubt, in human nature and its obliquity, as well as in the bad maxims and examples of the worst part of the profession itself. We have fallen upon evil days, and we are compelled to undertake the least seemly of the tasks of Hercules, viz., the cleansing of an Augean stable. "It is wonderful," says Venner, "how

our people are apt to be deluded, and to delude themselves. They consider every ignoramus that hath a few trivial, ill-composed remedies, to be a good physician, and also, which is most absurd, dub him with the title of "DOCTOR!" The island of Anticyras could scarcely yield hellebore enough to purge the madness and fatuity of the people. They are always ready to magnify empirics, their physic, honesty, their care, and willing to excuse and pass over their slips and absurdities, but are always backward to give the learned professors *their due*, and ready to *lay scandals on them*. They reject able physicians, and if not cured even in great and difficult diseases by medicine and their best endeavours, they betake themselves to some ignorant sottish empiric. If they recover, they cast imputations on the physician, and give the empiric the merit of the cure, though the cure indeed might have arisen from the medicine previously administered by the power of this physician, or by the force of nature; if not, they say, if they do no good they do no harm." "What," he very justly adds, "is a supposed honesty" (or anything else) "in a physician without *learning*, but a snare, wherein the ignorant do *voluntarily entrap* themselves? That man cannot be honest that usurps a calling which he is not able to discharge with a good conscience." It is owing, in some degree, to the incompetence of public judgment that our profession has ceased to be liberal, and that its objects have become almost merely sordid. It is to the interest of the little grovelling soul of him who can convert a science into a trade, to confound all distinctions of learning, to cast a shadow over that to which he can lay no claim, to bring down superior men to his own low level, by sowing prejudice, defamation, falsehood, and the kindred ideas of ignorance and low life, in favour of his own base and vulgar pretensions; to discourage the advances of education and skill; to cast a shade over whatsoever he can lay no claim to; to keep out of sight all that can advance science or its votary. He who can add nothing to improvement hates to see anything improved; his slang is always plausible to a vulgar ear, and one fool succeeds in making many.

"It has been justly remarked," by certain critics, "that brute animals, when ill, physic themselves with herbs which nature indicates for their use, but men have no such *instinctive guide*. They have reason, if they *would but exercise it*; if not, as is *usually the case* with the multitude, they should be provided for by their rulers, and laws should be made to restrain impostors from playing on the credulity and ignorance of the crowd."—As for the just appreciation of merit and talent, it cannot be expected in a country which for centuries has been debased by the influence of successful and lawless irregularity, quackery, fraud, ignorance, and imposture. The profession never has been respectable or elevated as a body, as we shall prove, in any country in the world, where it has been weighed down by the public encouragement of irregularity, fraud, and quackery, without absolute prevention by law. The wholesale toleration of these evils and vices not only ruins a profession, but contaminates public morality, and destroys all respect and liberal feeling for the regular profession in the public mind itself. It inspires a low estimation of medicine altogether, of those who follow it, and creates a vile and levelling regard of the whole, by the general degrading impression made upon the public mind. The regular profession now stands high neither in England nor America, *as a body*, because of the licentious tolerance and predominance of quackery, and the loose habits of public thinking, connected with it, in these two great countries.

It has been declared by Gregory, Percival, and other writers on cotemporaneous states of the profession, that the general body of the faculty, especially in the United Kingdoms of Great Britain and Ireland, were held in very great estimation, on account of the liberality, learning, and integrity of its principal members; but it is quite certain that the profession has greatly fallen off of late years, in high consideration and respectability, and is rapidly going down. The hindrance to its improvement is, that it is motley, discordant, divided, unequally swayed by malignant passions and mean jealousies, characterized by a questionable routine, crowded to "ridiculous excess," and is without a common and salutary co-operation among its members to effect any good design. As a body, it is in a condition in which it cannot be permitted to continue unless it is intended, by the governing powers, that it shall be left to fall all about, and come to nothing.

We have already included, in our leading articles of the 18th and 25th of July, some rather vivid historical notices and citations from the first professional and literary authorities of their day, showing, by the doctrine of general results, those "Beastly Abuses of Physic and Chirurgie" which have stained and defiled the profession through three centuries, from its first establishment.—The man who feels himself outstripped by obvious inferiority, is naturally disposed to deplore his own fate. He feels that he has inveigled himself into a profession, in which, to succeed and comply with vulgar error, he must change the luminous and fair road of science for the dark and dirty lane of low craft and trade; in which he must alloy his sterling gold with the baser metal of human life, and exchange the generosity of the lion for the subtlety of the jackall to obtain popularity and reward. The power of popular discernment in medicine has not kept pace with the increase of light in the science, and men's eyes appear darkened as if too much in the sun, or, as Milton says, "blasted by excess of light." Astuteness and quackery are still so conformable to the low principles and ideas of poor human nature in general, that both have experienced the same election by prejudice and misjudgment in these days, as in the past times of gross and popular ignorance.—Merit has no power, until it has made a general impression. In medicine, of which men, says Lord Bacon, are too ignorant to judge, except by events, its merit remains unknown, until it is indicated more by accident than effort, and is seldom, for many dire reasons, successful then. If *ever it rise*, it is generally more indebted to some lucky chance, or to the casual observation of some liberal and superior persons, of whom there are very few, than to self-dependance, or external proofs; therefore, what they call "manners" have been said to be the most certain passports to fame and employment to those whose beginnings are low, and whose qualifications are small, and who endeavour to combine the habits and conduct of a tradesman with those of a member of a learned profession. More flies are certainly caught by treacle than by less fulsome attractions. We have an opportunity of practical illustration under the dignifying denomination of "Druggist-Surgeon."

"It is a monstrous good joke," says Mr. James Atkins, the senior surgeon to the York County Hospital, "to observe sometimes that the BEST INFORMED PRACTITIONER in a town shall seldom *get* a fee, while the GREATEST MEDICAL FOOL in a town shall seldom *miss* one." "It is a monstrous good joke to be observed, that

men of the FIRST SCIENCE and LARGEST PRACTICE cannot frequently gain the confidence of the patients, when a MERRY-ANDREW DOCTOR and his MOUNTEBANK can take a town by storm in a moment." The late Mr. Gifford, who translated 'Juvenal,' was the editor of the 'Quarterly Review;' Cobbett, who seldom acknowledged any man's abilities, condescended to admit that Charles James Fox and Gifford were two men of real talent. In Cobbett's capital 'Advice to Young Men,' he says that Gifford, to avoid living upon a pound of mutton chops a day, and in a lodging, and to enjoy a Turkey carpet and handsome mansion, wrote up principles all his life which he naturally abhorred from the bottom of his heart. Early in life Gifford lived with a Mr. Clarkson, a medical practiser of what is called "talent."—Mr. Gifford's authority and judgment stand high, and it is well to quote the conclusion to which so great a man came relative to our profession. In watching the fate of Mr. Clarkson, and comparing it with that of others, he declares that science and real genius and talent in medicine are very seldom, or almost never appreciated in provincial practice. It has been a very common saying of late among young but observant medical men, and talkers about the profession of late years, that "none but the IDIOTS of the profession have been or are at the top of the pyramid, while the clever men are at the bottom of it, particularly as physicians." In places of public resort and large country towns, it has long been visible to us that men of education and skill, of professional integrity and etiquette, have been frequently placed *hors de combat* by a new school of men not elevated nor educated above common tradesmen in the middle circles of commercial life, having no views beyond money-getting; no gift more meritorious than that of inspiring false confidence, and no patronage more select and respectable than that of contemptible bribings (for bribery is now one of the grand engines of influence and interest men, saint-doctors, and some routinists,) consisting of agents and allies of a base and abject cast. What Venner says of the conduct of the public towards educated and honourable men in the profession in England, is too true, with some exceptions. There is, on the broad scale, no liberal system in institutions, no liberal or just appreciation of medical mind in this country, as in France or other continental states.

A HINT ON THE TEETH.—If I wanted to get teeth loose, I would give a person a course of mercury, and tell him to use a hard tooth-brush and scrub the teeth well—the latter produces a tumified condition of the membranes about the fang of the tooth, which tends to loosen it from the socket by wedging it out of the latter—and both causes conspire to increase the action of the absorbents, occasioning absorption of the alveola socket, together with recession of the gums. This, observe, more particularly applies to the front teeth; where there is such a disposition as requires mercury, let the patient lay aside the brush, but clean his teeth every morning and evening with a soft moistened linen rag, well sprinkled with some astringent dentrifice powder—the slight friction on the enamel by means of the powder cleans the teeth better than any fluid dentrifice; lastly, let him rinse out his mouth with a little salt and water.—From Notes of Lectures by G. D. Dermott.

IRISH MEDICAL NEWS.—His Excellency the Lord Lieutenant of Ireland, has conferred the honour of Knighthood upon Richard Franklin, M.D., Mayor of Limerick.—Dr. Veitch, to be Physician to the Galway Gaol.

LECTURE ON DISEASES OF THE HEART.

BY M. GENDRIN, PHYSICIAN TO THE HOSPITAL
LA PITIE, PARIS.

[In Continuation of the Lecture in our last.]

AMONG the morbid sounds we must study in the pathological history of the central organ of the circulation, a very important class is the different forms or varieties of the *bruit de frottement*. The first which will occupy us is that which is perceived over the whole extent of the heart, and in all its movements, and is felt immediately by the ear—it is called the *bruit de frottement périphérique*. It has its seat in the cavity of the pericardium, between the two serous layers which cover the fibrous sac and the surface of the heart. It results from the rubbing of the two layers (which have lost their natural polish) one against another with a certain force, from the active contractions of the heart. When palpitations, or the sounds of the systole and diastole, accompany dry and sharp rubbing, it gives a quality of sound analogous to the rubbing the hand on cloth. The sound is very superficial; its maximum intensity is the point of contact between the serous layers. Thus, in the systole it is near the apex, in the diastole at the upper part of the heart. In ventricular hypertrophy it is greatly increased and extended, a necessary result of the augmentation of volume in the heart, which exactly fills the pericardiac cavity, and applies a greater extent of the serous layers against each other, at each movement of the heart. Independently of alteration in the serous layer of the pericardium, this *bruit de frottement périphérique* has its cause in deviations of the heart and its coverings, resulting from the development of a tumour in the neighbourhood, or a morbid curvature of the spine. In this case it constantly exists in the absence of palpitations, but only towards the point where the pericardium is compressed. This sound is of great importance, from its constant presence in pericarditis; here it is dull and roughish. It is ordinarily perceived in two stages of pericarditis; at the commencement of the inflammation, when the inflamed serous surface loses its polish, and is covered by an albuminous exudation; and towards the end of the disease, when after the resorption of the effusion there succeeds the formation of cellular or fibro-cellular false membrane. Thus it is present at the commencement of the disease, it ceases entirely at the period of effusion, and is reproduced when the absorption of the fluid permits the inflamed layers of the serous membrane to re-approach each other.

To the study of the *bruit de frottement périphérique* is naturally attached that of the internal bruits de frottement, internal, or intracardiac, which are produced in the cavities of the heart, and consequently depend on the actions or movements of the organ. They result from modifications in the relations between the blood and the walls on which the mass of blood glides. They are distinguished by their connexions with the systole and diastole, and the different periods of action of the heart. Thus we may make a precise diagnosis, and point out the exact seat and cause of the morbid sound.

I. Now of the SYSTOLIC SOUNDS we distinguish,

1. The systolic sounds, properly so called, which commence with the systole, and terminate with it, and are not prolonged to the perisystole. They result from obstacles to the course of the blood which exist in the ventricular cavity, as rugosities, or any lesion seated on the walls of the ventricles. Their maximum in-

tensity is at a point level with the existing lesion.

2. The *perisystolic* sounds are those which commence at the termination of the systole, and occupy the time of the perisystole. They are produced by alterations and obstacles seated at the origin of the great arterial trunks, or in the vessels themselves. When the systolic and perisystolic sounds exist together, we may certify that there is an obstacle to the circulation, both in the cardiac and arterial cavities.

3. The *presystolic* sounds are those which precede the systole, and are not continued with it. They arise from rugosities existing on the mitral or tricuspid valves, on the side looking towards the ventricular cavity.

II. Of the diastolic sounds we equally distinguish diastolic, peridiastolic, and prediastolic.

1. The *prediastolic* rubbing sounds occur, when the column of blood, in passing from the auricle to the ventricle, encounter rugosities on the auricular surface of the mitral or tricuspid valves. If the rugosities extend to the free border of the valve, the sound is prolonged into the diastole, and then terminates.

2. The *peridiastolic* sounds establish the existence of a contraction of the auriculo-ventricular orifice, and at the same time a dilatation of the ventricles.

3. The diastolic rubbing sounds take place, when an alteration exclusively occupies the free border of the auriculo-ventricular valves, without causing adhesions. In an affection to which the name of endo-carditis has been given, this sound coincides with the movement of the column of blood, and its entrance into the ventricles. The rubbing sound is either simple or double; if simple, it is diastolic, and when double, it is both diastolic and perisystolic—the causes are rugosities on the surface of the valves and the fleshy columns. The perisystolic with the diastolic rubbing has its origin in induration or turgidity of the internal membrane; the situation distinguishes them from arterial sounds.

Appreciation of the quality, pitch, tone, 'timbre' of the abnormal sounds is of great importance in determining the nature of the obstacles which produce the rubbing sounds; thus the dull tone of the bruit indicates that the obstacle is not hard, resisting, but of a certain softness—the dry tone, on the contrary, indicates a resisting obstacle without elasticity, as ossification of the arterial or auricular valves. In some cases, the tone is snoring and dull; this shows that the blood is modified as in chlorotic, scorbutic, and cancerous affections. When the rubbing sound is trembling, it characterizes an obstacle, which produces oscillations under the influence of the circulating movements of the blood in the cardiac cavities. Thus it is manifested when floating productions exist on a point in the cavities or their orifices, or are implanted on the fleshy columns, a little distance from the free border of the auriculo-ventricular valves; a circumstance which permits the free border of the valve to fall back towards the cavity of the ventricle, and gives rise to vibrations, which are continued from the valve to the blood.

We must now speak of the last variety of these sounds, which has great interest from its connexion with certain lesions, of which it is a pathognomonic sign; this is the double rubbing sound, the *bruit de va et vient*. Its seat is constantly at the origin of the great arteries, and depends on the destruction or imperfection of the signoid valves. It is presumable that the double sound results, on the one part, from the passage of the blood passing the arterial orifice, and on the other part, from the

re-entrance of a portion of blood into the ventricle, which in the healthy state the closure of the sigmoid valves would have prevented. Imperfection of these valves results either from induration of their constituent parts, erosion of their points, their atrophy, or their perforation, in which case the second sound is constantly sibilant.

There is, in some diseases of the heart, a sign designated by Laennec *frémissement cataire* (cat's humming or purring), which resembles the snoring sound heard in cats when they express their joy, and which transmits to the hand the impression of trembling, similar to that which is perceived on passing the hand over the back of a cat who is making the noise. It is perceived in the precordial region by means of the hand or ear. It is a complicated phenomena, produced by sound and movement at the same time, and is appreciated by two senses, hearing and touch. To appreciate and comprehend its seat, we must consider the periods in the revolution of the heart's action; thus we distinguish the *frémissement cataire* which follows, accompanies, or precedes the systole, or the diastole. In general, it arises from indurations or morbid productions floating in the transit of the blood; productions which are capable of giving vibrations more or less strong, under the influence of the impulse of the blood. If the floating bodies exist at the orifice of the aorta or pulmonary artery, the trembling accompanies the systole, and ends with it. This we call the *frémissement systolique*. If the indurations exist within the artery, the *frémissement* is *perisystolique*; when it is perceived from such implantations on the fleshy columns, it is *presystolique*. The diastolic trembling is appreciated when a floating obstacle, as a ruptured fleshy column, occupies the walls of the ventricle. Polypous concretions, spherical, and oscillating in the cardiac cavities, constantly produce a trembling, obscure and snoring. If the concretions interpose between the segments of the valves, so as to prevent their shutting, the trembling becomes double, and both perisystolic and prediastolic, like the character of coming and going. It varies in intensity, but this is in general subordinate to the activity of the circulation. Thus, when the blood is diminished in quantity, as by depletion, when the circulatory movement has little energy, the vibrations are less strong, less easily perceived, perhaps altogether disappear. When it arises from very moveable polypous productions, varying in position, it disappears and reappears with the displacement of the floating extremity.

The state of the jugular veins is an important phenomenon in organic affections of the heart, as they may be distended with blood, and present pulsations synchronous with the pulse. In the former case, there is simple engorgement of the veins without beatings; but again we see, that when the blood has passed from above downwards, the vein is immediately refilled by its return from below upwards. This regurgitation extends to the thyroid veins, and even to the anterior jugular: it occurs not only in diseases of the heart, but also when a great number of tubercles exist. In diseases of the heart, its maximum intensity is when the patient coughs: the regurgitation of blood is not consequent on contraction of the ventricles, or on intermissions in their contraction, but it results from the reaction of the auricle on the blood which distends it, and from contractions of the auriculo-ventricular orifice. It coincides with that period of cardiac revolution which precedes the diastole; it is prediastolic. This phenomena, in consequence of contraction of the right auriculo-ventricular orifice, con-

stantly arises from hypertrophy of the right auricle, which is a necessary result of the contracted orifice, and the great efforts the auricle makes to overcome the obstacle. When the distension of the jugular vein is accompanied by beatings synchronous with the arterial pulsations, it results from pulmonary engorgement. It is always a grave symptom, from the nature of the lesion it supposes, and the circulatory derangement, local and general, by which it is necessarily accompanied. It results, in general, from a contraction of an arterial orifice, and hypertrophy of the corresponding ventricle. The blood cannot free the arterial orifice, and regurgitates towards the auricles and the great venous trunks; thus, pulsations in the jugular veins have their cause in lesion of the pulmonary artery and right ventricle, and where these exist to a great degree, the pulsations are perceived in the anterior jugular.

Different states of the blood, and of the arterial walls and orifices, modify arterial sounds. The production of abnormal sounds are owing to sonorous vibrations, which have their primary cause in actions purely vital. On applying the ear to the larynx, we perceive a snoring bellows' sound very well marked, resulting from the modifications the column of air experiences in its rapidity; and so, in consequence of modification in the calibre of the canals, liquid passes through, in one place large, in another small, in another rough; currents and counter-currents are formed, which determine the presence of the morbid sound. The vibrations are modified by the rapidity of the current, which renders either more intense or more feeble, also by the constituent qualities of the blood. Thus the blood, composed of aqueous matters, salts, fibrine, solid matters, and gases, combined or free, all of which undergo changes in their relative quantities, and so modify the normal vibrations.

The cause of the arterial *bruit de frottement* rests on two conditions:—1. An increased rapidity of the blood.—2. The rapid passage of the blood from the arteries into the extreme veins. It is this which produces the placental sound. Lesions of the arterial tubes give rise to this sound; it arises from an obstacle to the free passage, or gliding of the column of blood sent by the systole into arteries of a certain diameter. This obstacle may be purely physical, and unconnected with the arterial walls, or it may consist in a pathological alteration of the walls themselves. Thus, if we compress the femoral artery, for instance, with the edge of the stethoscope, a rubbing sound is produced, which ceases when the compression is no longer exercised. The sound is produced when the walls of the artery are turgid, or indurated, or ulcerated. When ulcerations have penetrated the internal tunic, and excavated the cellular tunic, the sound takes a well-marked sibilant character. The presence of rugosities on the internal membrane gives rise to the same phenomenon, and when the rugosities are moveable and pediculated, it takes the trembling character. It may be more or less *dry* or *dull*, according to the nature of the obstacle; dry when the obstacle is cartilaginous or osseous, or there are calcareous concretions; dull when the obstacle is soft or fleshy. The intensity of the sound varies with the depth of the artery, the form of the obstacle, the rapidity of the circulation, the easy passage of the blood, the origin of arterial branches, arterial curvations, pregnancy, and the density or softness of the parts which separate the arterial walls from the ear of the observer. Thus it is very loud at the arch of the aorta, from the strong impulse of the blood, the curvature of the artery, and its situation just behind the sternum; thus again we per-

ceive the frottement of the basilar artery, on applying the stethoscope to the circumference of the orbit; the sound is conducted by the osseous parts, and its importance is very great, for any lesion of the trunk of the basilar is most grave, from its connexion with the other cerebral arteries.

The sound which results from alterations in the composition of the blood is observed in all cachexies, and is a frequent source of errors in diagnosis. It is very important to distinguish a sound produced in this manner from that which arises from ulceration of the arterial walls; independently of the signs which show the general state of the patient, the arterial sound in cachexies is observed throughout the whole extent of the vascular system. It takes the name of *bruit de diable* in chlorosis; when it results from alteration of the arterial walls, it is local, circumscribed, and dry.

Besides these symptoms of organic affections of the heart, there is one which is very frequently met with, and which is inherent to certain forms of these affections. It is pulmonary oedema. This phenomenon results from impeded circulation in the pulmonary and bronchial arteries and veins, in consequence of an obstacle to the cardiac circulation, existing at the aortic or auriculo-ventricular orifices of the left ventricle. It is the result of an infiltration of serous fluid into the most minute lobules of the lung; it is made known by oppression, short respiration, crepitation, most in little bubbles, and a well-marked diminution of sound on percussion; it precedes oedema of the extremities; it may exist with contraction either of the right or left cavities.

Pulmonary hæmorrhages are very violent in some subjects affected with diseases of the heart. The blood is infiltrated into the parenchyma, and has a blackish, homogenous appearance. In an advanced stage the lung has a hollowed appearance at the focus of the hæmorrhage; and, finally, the blood is effused into the pleural cavity. In a great number of cases these hæmorrhages arise from contraction of the aorta at its origin, or of the left auriculo-ventricular orifice.

The presence of abundant hæmoptysis, pain in the side, cough, are very frequently present in diseases of the heart, attended with impediments to the passage of blood through the aortic orifices of the left ventricle. In these cases the diagnosis is always grave.

Hepatic congestion is a more constant symptom in diseases of the heart than pulmonary hæmorrhage. Engorgement ensues from impeded circulation in the ascending vena cava, the venæ cavæ hepaticæ and the vena porta are consequently congested. The first obstacle is often in the left ventricle; this causes pulmonary congestion, and the right side of the heart necessarily suffers. There are pains in the right hypochondrium, with difficulty of respiration, dependent on pulmonary congestion; deep pain augmented on pressure, motion, and lying on the right side, which the patient refers to the median line. Tympanic phenomena are often present; the belly is distended, and becomes painful on pressure, in consequence of the congestion of the abdominal venous system. The greatest degree of this venous congestion is sometimes accompanied by gastro-intestinal hæmorrhage, a sign, invariably, of bad prognosis, as nutrition can scarcely proceed, and the patients rapidly become emaciated. The obstacle to the circulation in the ascending vena cava depends on contraction of the right auriculo-ventricular orifice, or of the pulmonary artery; when it coincides with pulmonary hæmorrhage, it always indicates contraction in the orifices of the left ventricle.

We must now notice, among the pathological phenomena of the diseases of the heart, the tintings, the blueish and violet spots which are observed on different parts of the body, and the different gangrenes, called spontaneous, which appear under the influence of profound alterations in the central organ of the circulation. In general these symptoms do not show themselves till these diseases of the heart are already far advanced, and of great extent; in fact, they announce a profound alteration in the organism, a gradually progressing vitiation of nutrition. They are merely local manifestations of a general modification of the tissues, not owing to the immediate action of the heart, but to the mode of vitality in the particular tissue or organ. This is easily explained if we admit that the capillary circulation is not exclusively under the influence of the heart, but is also affected by the nervous system of the part, and other conditions, and that the functions of the part modify the circulation, and communicate special qualities to the physiological and pathological phenomena. This special vitality of each organ presents a new argument as to the irregular or disproportionate development of many of them; thus the thymus, although under the influence of the same circulatory system, is atrophied and disappears, by degrees, after the cessation of fetal life; nor, again, does the liver preserve the same relative size with the rest of the body, before and after birth.

In applying these considerations to the subject, we say—1, That the part of the organic lesion, in the production of pathological phenomena, is a point determined by general derangement of the circulation, alteration of nutrition, and consequent deterioration in the vital properties of the tissues;—2, According to the vitality and the texture of the organs, the nature of their functions, and other accidental circumstances, there are manifested in one or more of the tissues, simple, ecchymoses, sanguineous suffusions, violaceous or livid sugillations, and gangrene, more or less extensive.

An interesting subject among these considerations is, the *metastasis of œdematous infiltrations*, which so frequently accompany diseases of the heart. Sénac has particularly insisted on this circumstance, and has given several remarkable examples:—thus we have a number of observations in which, during a state of general œdema, which had been combated for a certain time, the œdema disappeared suddenly, and was replaced by hydrothorax, a dropsy of the pericardium, for example. To understand these facts, it is necessary to take into consideration the influence exercised by the capillary circulation on the organs. Thus in the case we have just noticed, the state of general œdema in a person affected with cardiac disease, depends on a modification of the vitality of certain organs, as the lungs, the pleura, the pericardium, the peritoneum, &c. The serous diathesis is localized, and we have hydrothorax, hydropericardium, or ascites, which acquire an intensity more or less considerable, and which are more obstinate, as they exist under the influence of a general cause difficult of removal.—Lastly: We must notice a remarkable symptom, *cyanosis* or *cyanopathic*. This phenomenon must be regarded as the result of a mixture of the black with the red blood, under certain circumstances, as the non-obliteration of the foramen ovale, or the ductus arterionis. It has been proved that cyanosis is thus produced; but the researches of pathological anatomy have shown, that in certain cases of cyanosis, the foramen ovale and the ductus arteriosus were obliterated, and consequently their non-obliteration could not be the cause of the disease. Here the patho-

logists explained the symptoms by an *intense trouble* of the circulatory act; but cyanosis, when it is not owing to permanent patency of the ductus arteriosus, or the foramen ovale, has its source in a pathological communication between the great arterial and venous trunks, at the base of the heart. Thus it has been found to be produced by a corresponding ulceration of the aorta and pulmonary artery, by an aneurism of the latter artery, or by one of its branches opening into the aorta. But sometimes the most attentive examination will not discover any communication between the arterial and venous blood by the great vessels, and cyanosis is then the result of an organic disease of the heart. Thus we have found it coincident with extensive hypertrophy of the right ventricle, with contraction of the right or left auriculo-ventricular orifice, and the origin of the aorta, or with aneurisms of the pulmonary artery. In all these cases, it is probable that the circulation loses its activity in the pulmonary capillaries, and that there is in the capillary system a communication between the black and red blood, by means of the manifold anastomosis between the bronchial and pulmonary arteries and veins—anastomosis, so well described by Soemmering, and which are recognised very easily in these cases, especially in the interlobular fissures.

The cyanosis is manifested by a blueish coloration of the integuments, not equally evident in all parts. In general it shows itself, especially at the lips, the *alæ nasi*, the borders of the eyelids, the folds of the conjunctiva, and in all those points where the arterial capillary system is most highly developed. It is important to distinguish the blueish coloration of cyanosis from that resembling it, which takes place in commencing asphyxia. This distinction is in general easy, as the phenomena of asphyxia arise and succeed each other rapidly. Asphyxia can scarcely proceed with slowness; we shall rarely err if we examine with attention the symptoms which accompany the coloration of the integuments. Asphyxia is always characterized by symptoms of general distress, which are wanting in cyanosis. Cyanosis may persist for several years without aggravation of symptoms, and with alternatives of augmentation and diminution. The difference is, that in asphyxia the venous blood does not undergo the arterial transformation, and inassimilable and deleterious principles are carried to the tissues. In cyanosis, there is carried a certain quantity of black blood with the red blood, including all the conditions necessary for the nutrition of the organs, and this mixture of the two sanguineous fluids does not deprive the blood of the revivifying properties it acquires in the lung. We must not confound with cyanosis the blueish circumscribed spots on the skin, the ecchymosis, and the sanguineous suffusions present in cardiac diseases; there are always *local*, but cyanosis is always a *general* phenomenon, resulting from morbid coloration of the whole mass of the arterial blood, which is distributed to the different parts of the body.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, August 20th, 1840:—William John Makarse, Ashover.—Thomas Davies, Brecon, S.W.—Henry Pitman, Liverpool.—John Hughes, Brecon, S.W.

The practitioners of the County of Cork have formed a Society for the promotion of Medical Reform, under the title of the County and City of Cork Medical Union.

REVIEWS.

An Essay on the Treatment and Cure of Pulmonary Consumption, &c. By G. BODINGTON, Surgeon. Longman.

THE author very judiciously remarks that the almost hopeless nature of the subject—the treatment and cure of Pulmonary Consumption—should lead us to regard any effort of treatment which may be attended with any degree of success, as deserving publication, “even if the only effect obtained was to draw attention to the subject, excite discussion, promote further efforts, and direct into fresh channels the ideas of others in relation to the treatment of this disease.” He proceeds:—

As regards the causes, origin, and nature of the disease, the work of Sir James Clark, who reaped advantage from the labours of Carswell and other pathologists, is complete and satisfactory. He has, however, failed in directing attention to anything like a decided plan of treatment, either of his own or of any other, contenting himself with some remarks on all the means hitherto known to have been tried; and leaving the matter, upon the whole, pretty much in the same state he found it; that is, in almost all respects decidedly inefficient and ineffectual: he professes not to interfere with the present theories, which govern and direct the practice of medicine, but founds his treatment upon them; and herein I cannot but think the evil exists. The faultiness of the theories of the day is one of the causes of the excessive mortality arising from Consumption: a scrutinizing search, with a view of investigating their truth or unsoundness, and the adoption of correct principles, must precede a better general system of treatment of this as of many other diseases. In the mean time, those who are able or willing, (laying aside preconceived notions, and the prejudices arising from early instruction,) to think and observe for themselves, may adapt their practice to the real necessities of such a disease as Pulmonary Consumption, probably with advantage to the public and to their own credit; whilst the formation of more perfect theories must await the result of the labours and researches of pathological anatomists, and of experimental physiologists. Sir James Clark rather sarcastically alludes to what he terms the “beef steak and porter system,” which he decidedly condemns, apparently guided by the “phlogistic” theory. I could never recommend porter and beef steaks to any person suffering from tubercular consumption—not from any pre-conceived notion of “phlogiston,” but on account of its very grossness and unfitness for a consumptive patient: on the other hand, neither could I recommend to such an one, from a prejudice in favour of the aforesaid theory of “phlogiston,” a meagre diet of vegetables, rice, and water, aided by tartarized antimony, &c. I should recommend to one thus consuming away, under the influence of this *wasting disease*, a nutritious diet of mild, fresh animal, and farinaceous food, aided by the stimulus of a proper quantity of wine, having regard to the general state and condition of the patient. If this is to be called the beef steak and porter system, then I am guilty of patronizing it; but, to my mind, it rather has the character of a preservative system—whilst the wasting plan is as much entitled to be called the destructive one. Be that as it may, not having the fear of “phlogiston” before my eyes—that “raw head and bloody bones” of medical science—I have employed a nutritious and moderately stimulating diet with much success; and, without that, I do not think the other means could have been so effectual, or the treatment complete.

The volume is concise, the main ground of treatment employed by Mr. Bodington being “to preserve or restore, to a normal condition, the functions of the nervous filaments, interwoven with the substance of the lungs, and exercising influence over the capillary system and other parts of the organization: it has been assumed that the first link in the chain of morbid actions arises there, as they first feel the irritation from the presence of the morbid

matter deposited as a foreign body, and that all the other changes are consecutive to this wasting or destruction of the nervous energy of the filaments with which the tuberculous matter comes in contact."—The nervous excitement he combats by daily small doses of *mur. morphinæ*, by the frequent application of cool air to the surface of the lungs by out-door exercise, especially riding on horseback *early in the morning*. Diet, nourishing; with wine. During the night sweats, sponging with tepid vinegar and water at bed-time. This, combined with a pure dry air, are the means called in to combat consumption.—We think with Mr. Bodington that the plan he adopts is both "natural and rational"—we think his observations sound—that the situation and circumstances he describes the best possible for the treatment of pulmonary diseases, and that the cases he quotes in illustration, tell strongly in favour of his mode of treatment. But here we stop. Pulmonary disease may be warded off—its ravages may be stayed—the health of the patient improved, and his life prolonged, but our present pathological knowledge declares, in a tone not to be denied, that *true Pthisis is incurable!*

Transactions of the Provincial Medical and Surgical Association. Vol. VIII. With numerous Coloured Engravings. Churchill.

WE have kept this valuable volume some time unnoticed, in order that we might have full leisure to study the valuable papers which it contains. Upon a full perusal we may safely and conscientiously pronounce it a production which does honour not only to the writers whose labours have more immediately contributed to its worth, but a volume highly honourable to the large and influential body from which it emanates. The Provincial Medical Association may perhaps be regarded as the chief body of medical reformers in England, and it is highly gratifying to find that the men who are banded together to obtain some redress of the grievances under which the profession languishes, and the public suffer, are still equally active in the advancement of scientific inquiry, and the publication of its invaluable results.—This volume contains the report of the Vaccination Section—Dr. Symonds' Retrospective Address—Mr James's Address on Surgery—and the valuable treatise written by Mr. Ceely, and to which we propose to refer, *On Variolæ Vaccinæ*.

The observations of Mr. Ceely seem to have been patiently and perseveringly made. After giving a description of the soil and situation of the Vale of Aylesbury, which the author states is characterized with rich loams, strong clay, chalky mould, and loam upon gravel in considerable quantity, he proceeds to the boundaries and their peculiarities, together with their endemics and epidemics, followed up by some general observations, which include the opinions of some as to the disease being more prevalent in one season than another. The author seems to think the disease is spontaneously generated in the cow, but there is much difficulty in deciding whether the disease arises in one or more individuals at the same time. As regards the condition of animals casually affected, it appears there is rarely any manifestation of fever or constitutional disturbance. It seems milder in some seasons than others; it is sometimes observed to diminish the secretion of milk, dark red and red-spotted animals being often seen more affected than those of a lighter colour.

Progress of the Disease.—The variolæ vaccinæ once arisen or introduced, and the necessary precautions not being adopted in time, appears in ten or twelve days, or many more in succession, so that amongst twenty-five

cows, perhaps by the third week nearly all may be affected; but five or six weeks or more are required to see the whole number perfectly free from the disease, in the teats at least.

Topical Symptoms of the natural Disease.—For these we are almost always in the early stage compelled to depend on the observations and statements of the milkers. They state, that for three or four days, without any apparent indisposition, they notice heat and tenderness of the teats and udder; that these pimples on skins not very dark are of a red colour, and generally as large as a vetch or a pea, and quite hard; that in three or four days many of these having increased to the size of a horse-bean, the tumours rapidly increase in size and tenderness; some appear to run into vesications on the teats, and are soon broken by the hands of the milkers. Those broken have an indurated margin, with central depression. The crusts on the udder are sound, of a different shape and size from those on the teats, which seems to determine more or less the different stages of this disease.

We have also a concise description of the disease as it occurs in man infected from the cow. This does not occur so frequently now-a-days as formerly; it may be, perhaps, that the constitution of the milkers have become inured to the application of the matter. That it does not require any visible abrasion for the constitution to become impregnated, is illustrated by an example in a child, whose parent after wiping his own fingers, which had on them vaccine with his handkerchief, wiped the nose of his child, who suffered much from the effects.—Primary lymph, according to Mr. Ceely, is not to be obtained adapted to proper vaccination without much care and attention, on account of the rough usage of the milkers. The best lymph is to be obtained from perfect vesicles, before the period of acumination. In using the primary lymph, and its early removal, the effects are as various as the constitutions which have imbibed it; still there remains to be considered the properties of the lymph, varied under certain circumstances. In passing through a number of cows, the effects have appeared, according to Mr. Ceely's observations, to have been milder in the last than in the first animal.—Mr. Ceely's observations are illustrated by a series of excellent coloured plates, drawn with care, and engraved in the best style. They assist in demonstrating the identity of *variolæ vaccinæ* and *small-pox*,—a point long regarded with interest, but which was reserved for Mr. Ceely to settle. In proportion to the value of the discovery, should honour be paid to the individual who has made it.

Southwold, Ancient and Modern. By W. WAKE, M.R.C.S.

It is not often we find medical practitioners employing their spare time in topographical inquiries, but it must be confessed, that their previous education, and the opportunities afforded by local residence, eminently qualify them for the task.—In the volume before us, Mr. Wake appears to have laboured hard to give not merely a description of Southwold, after the dry, dull, and often tedious manner pursued by most of his brother topographers, but, on the contrary, has interspersed a variety of philosophical and geological observations which render the book highly interesting. He attempts to show that the temperature of Southwold, as asserted by some learned M.D.'s of olden times, is highly beneficial to invalids, particularly those suffering from phthisis and other pulmonary diseases. We regret our limits preclude the insertion of any extracts, and while we recommend the work to the attentive perusal of our medical readers (particularly those of

Suffolk, Norfolk, and the adjoining counties) we must do justice to the talents of the artist in the fidelity and beauty with which he has executed the engravings—altogether the work is a credit to the provincial press.

A Practical Essay on Delirium Tremens. By ANDREW BLAKE, M.D., M.R.C.S., &c. Second Edition. Longman.

THE leading points contained in this work have, in a former edition, been brought before the favourable notice of the profession, and it is almost unnecessary to repeat that Dr. Blake describes the disease as having three stages. The first stage is described as being ushered in with symptoms of depressed nervous energy, with remarkably slow pulse; the second stage by a deceptive state of the mind with anxiety, which, if the disorder terminates favourably, ends with this stage in sleep; if otherwise, the third stage supervenes, which may be known by mental exacerbation, quick pulse, ending in death. In fact, the three stages, according to this monograph, resolve themselves into, 1st, nervous debility; 2nd, mental alienation; 3rd, nervous irritation. Opium is the sheet anchor for the treatment of this affection, the doses varying according to the stage of the disorder. In the first stage setting out with a full dose, following it up with smaller ones at intervals, as the urgency of the symptoms may require. Upon the whole this treatise is well worthy the perusal of every practitioner, more especially those in the army or navy, or in situations which may bring them in contact with the class of persons, who from their habits of life are the frequent sufferers from this disease.

MEDICAL OBITUARY.

At Appleby, Mr. Edward Allinson, chemist and druggist, aged 35.—At Bowness, Windermere, much respected, Mr. Thomas Messenger, surgeon, aged 30.—It becomes our painful duty to record the death of another victim of that scourge of the medical profession—typhus fever—in the person of Dr. Armour of this town. The public sincerely sympathises with Mrs. Armour, who, in the short space of seven weeks, has been called on to exchange the bridal robes for the widow's weeds.—*Galway Register*.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

CIVIL.—Dr. Pagan has been appointed Professor of Midwifery in the University of Glasgow, rendered vacant by the resignation of Dr. Cummin.

NAVY.—Assistant-Surgeon A. Lillie (from Britannia) to the Southampton; Dr. Robert Clarke, (acting-additional) from the Britannia to the Winchester.

ARMY.—3rd Light Dragoons—Assistant-Surgeon N. Dartnell, from the 4th Light Dragoons, to be Assistant-Surgeon, vice Wood, promoted to the 29th Foot—4th Light Dragoons: Eneas M. Macpherson, gent., to be Assistant-Surgeon, vice Dartnell.—9th Light Dragoons: Surgeon C. T. Ingham, M.D., from the 29th Foot, to be surgeon, vice A. C. Colclough, who retires upon half-pay.—29th Foot: Assistant-Surgeon Arthur Wood, M.D., from the 3rd Light Dragoons, to be surgeon, vice Ingham.

ERRATA.—In the first paper on Asthma, for 'Mist. Cassici,' read 'Tinct. Capsici'—for 'I have evidence that in those accustomed,' read 'I have evidenced in those unaccustomed.' In the second paper, under *Emetics*, the line should be read thus—'Mustard or sulphate of zinc are preferable to tartar emetic or ipecacuan, the former causing much depression, the latter often producing active purging.' It may be added, in answer to an inquiry, that 'Hippo' is invariably though incorrectly made use of in Ireland to express ipecacuanha.

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PROFESSIONAL SKETCHES.

THE COUNTER-DRUGGIST-SURGEON.—II.

WITH the assistance of Motherby's 'Medical Dictionary,' a Vade-Mecum, and an English Dispensatory, the Prescription file, and a few common and simple cases, a druggist educates himself into a Counter-Surgeon, by a very expeditious process.—The lawyer is prevented from "prigging" his profession; the parson cannot monopolize the Caleb Quotem vocations of dog-whipper, sexton, verger, churchwarden, and "Vicar and Moses," but the vender of "stale and musty drugs" can engorge all the branches of physic in one omnivorous maw. The ambitious Pharmacopulist is PROTEUS of all men's talents, and his own. He stalks with an ogre's strides over the Alps on Alps of the "very difficult, uncertain, and complicated Art of Medicine," as Sir Walter Scott accurately specifies it. The mischief and homicide committed by men like these, for want of natural capacity for medicine, or acquired knowledge, none can calculate. We have always compared this GENUS to the grisly skeleton raising up the stone, and rising out of the tomb executed by Roubilac. The King of Terrors is in the act of hurling his deadly dart at his victim. This striking design would make no bad emblematic bearing on a druggist-surgeon's "drag."—In person, these geniuses do not take so much after the fat, tallow-faced, broad frontispieces of certain preachers in certain magazines, as Pharaoh's leaner kine; he favours one dark, mottled, high-cheeked, with look devout, or like the Knights "of the Rueful Countenance," or one calculating like the doctor in the "Malade Imaginaire," how many round O's he shall turn into 6es and 9es, at the expense of the foolish and credulous patient. Let us give a few examples:—

A blacksmith's lad went from the anvil, at a late period of adolescence, into a HEDGE-APOTHECARY'S shop for six months; whence he was swept, during the war, to spread salves and cut plaister strips on the drum-head. At this time they were wont to hail the Scotch smacks at the Nore,—“Aho! there! Hoy there, what have you got on board?” which was answered, “Only a ship-load of SCOTCH Doctors going to the army!” (Ah! ah!) The young *Forgeron* returned to his native land, started as a full surgeon and apothecary, and wrote a series of romantic and sentimental letters, adown four sides, to all the country gentry, to beg for medical patronage in the vicinity of the town in which he settled. The village lords were strangely puzzled to make out the meaning of these courtship-like effusions, and referred them to a learned physician, a friend of ours, as expositor, with whom we enjoyed over them a hearty laugh. The tale went round, and the mirth was great; but

Vulcan obtained an excellent practice, at first among the plebeians, and at last even among the patricians, upon the self-raised notoriety of making “EXTRAORDINARY CURES.”

In a certain watering-place, one of this genus kept a chemist's shop, upon which the single name of a partner was inscribed on the outside or street-door, as X X X X & Co., and his own name, and the name of his partner, a druggist, at the full length in the inside door. This man called himself Surgeon-Apothecary, never passed the College, but was *elected* one of the *surgeons* of a Dispensary and Casualty Ward (!) and, within our own experience, he set “a fractured thigh,” in which the heel was retracted even to the middle of the calf of the leg, and he so managed a fractured patella, that it straightened and impeded the flexion of the knee-joint, as if an iron bar had been placed across it. Yet this man was placed in authority and practice by that GIANT CURSE of our profession—INFLUENCE and INTEREST, and suffered to lord it over better and superior men. Also in watering-places, these “COUNTER-DRUGGIST Surgeons” frequently interest, perhaps bribe, the library-keepers to stick their names in the GUIDES as “Members” of the College or Hall, before some of them really have been admitted, and appeared in the College lists, and *with* precedence of older and more respectable men. They sometimes, it is true, get the right in manner already exposed, *after* they have *established* themselves by quackery and Astutia. We are quite certain we could bring before the public no mean number of men of this stamp, who are in extensive and lucrative practices, and are looked up to as “Omniscients” by their dupes, that have scarcely received any better education than Fielding's “DOCTOR-APOTHECARY.” But as for stating all the astute, quackish, and opprobrious artifices of which they are guilty, it would pose a Job to get to the end of the calendar.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, August 27, 1840:—Spencer Thompson, Burton-on-Trent; John Paddon, Truro; Herbert John Giraud, Faversham; John Gerard, Castle Hedingham; Ralph Parsons, Beardsham, Leeds.

The amount of destitution, and the scenes of wholesale human degradation and misery, in Edinburgh and Glasgow, almost exceed belief, and the consequent disease and mortality are greater than in any town in Great Britain. The annual mortality in England and Wales is nearly 1 in 45, and in London 1 in 31; while in Edinburgh, it is 1 in 29, and in Glasgow, in 1835, it was 1 in 21, and in 1837 1 in 24.—*Dr. Alison.*

Drs. Cargill and Bates have been elected Physicians to the Infirmary of Newcastle-on-Tyne.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

INFLAMMATION OF BONE—PERIOSTITIS—CARIES; CAUSES AND TREATMENT—NECROSIS.

THE same organisation which enables bones to repair the effect of injury renders them liable to inflammation and the various changes which are consequent on that process. Inflammation of a bone may arise from external causes, that is, from accidental injury, such as a blow; or from internal causes, such as a scrofulous disposition of the system, or influence exerted over it by the venereal poison. We know but little of the changes which the inflammatory process produces in the osseous structure during the period of its activity. The pathology of the osseous system has been but imperfectly investigated, and we really have no clear or positive information to afford you upon it. We sometimes find the blood-vessels of the bones apparently distended; both more full and apparently more numerous than usual; and we see them filled with a black blood. Although we do not know much of the changes which the osseous structure undergoes during inflammation, we can observe very clearly the effects produced by the inflammatory process, and find that they are analogous to the effects occasioned by inflammation in the soft parts of the body. Inflammation of the bone causes enlargement from interstitial deposition, suppuration, formation of matter, and ulceration, producing what is called *caries*, mortification of the osseous structure; the particular term *necrosis* is also given to these effects.—Inflammation of the bone may, as in the soft parts of the body, be either *acute* or *chronic*; it may vary considerably in degree in different cases. Enlargement from interstitial deposition and ulceration, or *caries*, proceeds from what we should call chronic inflammation of the bone, whilst suppuration and necrosis are referable to acute inflammation. Chronic inflammation of a bone is not very easily distinguished from a similar affection of the fibrous membrane covering the bone, that is, the *periosteum*. No doubt, in many cases, this fibrous investment finally partakes of the inflammatory affection; yet you may have the bone alone, or the periosteum alone, inflamed.—When inflammation attacks the osseous structure only, and that the inflammation is of a chronic character, the enlargement which it produces is extremely slow in its progress; the tumefaction of the part is of an unyielding, incompressible hardness.—The pain, generally speaking, is inconsiderable, and there is very little sympathetic effect produced in other parts of the animal economy, so that the disease seems confined simply to that part of the bone itself which it attacks.—As the result of this process, when it has been long continued, we find a greater enlargement and greater solidity than are natural of the structure either in the bone altogether, or in that particular region of the bone which has been the seat of inflammation. We find a state in which the figure is considerably altered. This has sometimes been called *exostosis*, although improperly so, for *exostosis* is a tumour produced upon a bone, while this is a general change either of the bone itself, or of a certain portion of it; and if we were really to distinguish this state by any particular name, it would be better to follow the French writers, who have called it *super-ostosis* than to call it *exostosis*. The bone is much enlarged, and its figure is altered, but there is no considerable tumour upon it.

Periostitis.—The periosteum, or the fibrous membrane which covers the bone, is equally liable, if not more liable to inflammation than the bone itself. Inflammation when it attacks the periosteum, is called *periostitis*—*periostosis*, and by some of the older writers the term *gumma* has been given

to it. As contrasted with inflammation of the osseous structure, inflammation of the periosteum is much the more rapid in its development; it takes place much quicker; it is seated upon the bone; it is firm to the touch, though possessing a certain degree of elasticity. If you come to press it with the fingers pretty firmly, you do not find that rigid irresistible hardness which characterizes swelling of the bone itself. The inflammation is usually more active, and is frequently communicated to the surrounding parts, producing much pain. The pain is considerable; for being fibrous, and of a very condensed nature, the structure does not easily give way; and when the inflammation is extensive, considerable sympathetic effect is produced on the circulating and digestive systems, and more or less general disturbance ensues. Inflammation of the periosteum produces enlargement or general thickening of the membrane by interstitial deposition, or it may proceed further, and terminate in suppuration. In this case we generally find that the matter which is produced is situated between the inflamed membrane and the surface of the bone.—*Treatment*: Inflammation of the bone must be treated, during the inflammatory stage of the affection, by antiphlogistic means; by the abstraction of blood from the part, and other measures of the same character; and when the active period has passed by, counter-irritation, such as setons, issues, and the application of moxæ should be resorted to.—Inflammation of the periosteum must be treated much in the same manner. During the inflammatory period of the affection, you must employ a pretty active local antiphlogistic treatment; you must apply leeches to the part affected; you may relieve the pain and tension which the inflammation produces, by fomentations and poultices; you often find, however, that the freest employment of means of this character does not succeed in putting a stop to the affection, or in relieving the patient from the very severe sufferings which an attack of acute periostitis will produce, and that it is necessary to have recourse to mercury; and you will generally find that the employment of mercury to such an extent as to affect the system is necessary, and, indeed, that it is necessary to produce a pretty free degree of salivation, which will then afford that relief which the application of leeches, and other antiphlogistic treatment, failed to effect.—I have mentioned to you that inflammation of the periosteum frequently proceeds to suppuration—that matter is formed. We find, under these circumstances, that in many cases very severe sufferings attend this formation of matter, and this we can readily believe, from the unyielding nature of the texture in which the inflammation and suppuration take place. This suffering will be more particularly severe, when it takes place in a part of the body in which the determination of blood in other respects may be liable to produce considerable uneasiness; when, for example, the periosteum covering the bones of the cranium is the seat of the affection. I have seen, in instances where inflammation of the periosteum of the forehead has taken place with a small formation of matter, productive of pain in the head, want of sleep, full and hard pulse, a white tongue, and a degree of general febrile disturbance, which you might suppose must have owed its origin to some very serious derangement of the whole system; but when treated in the first instance by free depletion, subsequently by calomel and opium, and then by making a free incision down to the bone, although followed by a very slight discharge of matter, has been entirely relieved. In such cases, where there is considerable pain, with other symptoms of inflammation, and suppuration of the periosteum, the effective mode of relief is by freely dividing the inflamed part, and evacuating the matter that has been deposited. The effect of such a division is the speedy and entire removal of the symptoms.—Now, you will not understand, that you are in every case where the periosteum is inflamed, or even in every case where the inflammation of the periosteum has gone on to the formation of matter, to proceed to make an incision. In those inflammations of the periosteum which are the consequences of the introduction of syphilitic poison into the system, you will

frequently have a formation of matter, and that to a considerable extent; you will often have a soft fluctuating tumour formed on the frontal bone for example. Under these circumstances, you will find that the case is not attended with serious symptoms, but that after a treatment has been adopted calculated to remove the cause, the collection of matter, though sometimes very considerable in point of quantity, and so large, that the redness and thickness of the integuments have led you to suppose, they must necessarily either be opened, or that they will find their own way through the skin. You will find, that even with these unfavourable appearances, such collections are often completely absorbed of themselves. I have repeatedly seen considerable collections of matter on the frontal bone thus dispersed. I remember one case, where a very large collection of matter took place at the root of the ossa pari, and another on the frontal bone, in which, after the employment of the corrosive sublimate with sarsaparilla in small doses, the whole of the matter contained under the inflamed portions of periosteum became absorbed, and without any opening taking place at all. You are to consider, therefore, that the plan of making incisions through the inflamed periosteum where matter is formed, is only to be resorted to in failure of other modes of relief; it is not to be considered as an universal or a primary mode of treating such affections.

CARIES means, originally *rotteness*. It is a classical term, and it is applied, for example, to the state of *rotten wood*, which is by the classical authors called a *curious* state. The term caries has been employed very vaguely. By modern writers in surgery, who attempt to employ words in a definite sense, the term caries is restricted, and very properly so, to a state of *ulceration of the bone*. But yet the term caries does not apply to all the circumstances under which ulceration of a bone takes place. When a portion of a bone dies, that part is separated from the sound portion by a process of ulceration: but that ulceration does not come under the denomination of caries. Caries is a *morbid* ulceration of the bone, preceded by inflammation, and attended with some kind of suppuration or formation of matter.—In considering caries of bone, we have to observe two states; first, the inflammatory, and secondly, the ulcerative stage of the affection. In the inflammatory stage there is pain in the affected part, and swelling and stiffness of that part of the body in which the defective bone is found, the motions connected with which are painful or impaired in various degrees. Some little time after this, if the bone be superficially situated, the soft parts immediately contiguous participate in the inflammatory affection; and a red inflammatory tumour of the skin and parts immediately surrounding the bone occurs, this inflammatory tumour being firmly and closely connected to the affected bone. The skin becomes red, tense, and shining, and sooner or later matter is formed, the part becomes soft, suppuration having taken place. If we allow the case to proceed without interfering, the red part points, the skin ulcerates, and fluid escapes through the opening; that fluid not being well-formed pus, but, in general, a thin matter, sometimes bloody, mixed with blood; and in general if the tumour be situated over the bone which is near the surface, the quantity of fluid that escapes is not considerable. The escape of this matter, whether it takes place spontaneously or has been evacuated by a surgical operation, does not lead to the union of the sides of its cavity, and a consolidation of the small abscess that has occurred; on the contrary, matter continues to flow from the opening, and the opening itself instead of closing, throws out a kind of pale, spongy granulations, which bleed on the application of any slight external force. The surface of the skin round this opening generally exhibits a dark-red or livid colour; and from the aperture itself, which continues and takes the form technically called *fistula* or *sinus*, a thin foetid matter escapes—a thin foetid matter which tarnishes silver instruments if brought in contact with it, and the foetor of which generally is sufficient to point out to us that the opening from which the matter proceeds is connected with a diseased bone. Frequently after an inflammation

of this sort, and the external redness and abscess have taken place in one part, small openings will take place in the neighbourhood, and thus various sinuses may be formed; some of these are found occasionally to communicate with each other. When a probe is introduced into one of them, we come to the surface of the bone, which is found on examination to be rough and irregular; the osseous part being denuded, so that we come in contact with a rough and bare surface of bone. In the case of a spongy or cancellous bone (which is much more subject to disease than the more compact), we find, if we bring the end of a probe to the part where the bone is denuded, and press a little, that it is perhaps so much softened that the instrument will sink through its surface and penetrate into it for some distance. If we examine the bone at this period of the affection, we find that its texture is much softer than natural, that it is redder than natural, and that there is a greater activity in the blood-vessels than natural. We find that this state is sometimes confined to the surface of the bone, and sometimes that it extends into its substance; when the disease has existed for some time, we shall find that this destruction has proceeded almost through the bone; several parts of which, in very minute fragments, with the matter that has been formed, have been removed and passed out at the fistulous openings. Sometimes in the neighbourhood there is an increased deposit on the surface of the bone; so that the process is not, perhaps, simply one of removal by ulceration, but there is at the same time an increased deposition in certain parts. If the cause that gives rise to the disease is put a stop to, we find the surface of the bone throwing out healthy granulation, that the diseased part may be separated, granulations arise from the surface of the bone, and cicatrization effected, the integuments under such circumstances being drawn in, and becoming firmly attached to the surface of the affected bone. This is a kind of process which is not unfrequently seen in the case of caries affecting bones of the carpus or tarsus, or affecting some of the spongy or articular ends of bones in scrofulous subjects. If the bone which is the seat of disease be more deeply situated, the process is somewhat different. When inflammation becomes communicated from the affected bone to the surrounding soft parts, matter forms, and an abscess takes place in the neighbourhood—the matter forming wider; such circumstances being the result of a species of chronic inflammation, and the abscess having the characters of a chronic abscess. The matter which is thus formed, finds its way gradually to the surface of the body, often arriving there at a point considerably remote from the situation of the local cause which has given rise to the affection. This is the case in caries affecting any part of the vertebral column. The matter that is formed in the neighbourhood of the disease, will descend according to its weight, and the facilities which the looseness of the cellular texture about it may permit, to a considerable distance; thus presenting itself externally in the loins, in the groin, in the back, and in various situations considerably remote from the original point of disease.—Now the contents of the abscess which is thus formed, are either evacuated by the surgeon, or the abscess bursts and discharges itself externally, and the opening from which the matter has flowed, as in the other case, becomes fistulous. The abscess does not close after breaking in this way, but a fistulous opening remains, leading from the external surface to the diseased bone, and from that a discharge of thin unhealthy matter in a lesser or greater quantity takes place. If the disease which has produced the abscess continues, the discharge also continues, perhaps increases in quantity. If the disease increase, hectic comes on; and thus when an important part is the seat of the malady, as a portion of the vertebral column for instance, the case very frequently ends fatally. But in this case, as in the other, if the affection of the bone be stopped by art, or if it come to an end in consequence of the improvement of the general health, the sinuses which are produced by the formation and eruption of matter may close, and the patient recovers.—*Causes*: Caries may come on in consequence of external causes; from accidental

injuries, a violent blow, or a bruise. A gun-shot wound affecting a bone is capable of producing the effects I have just mentioned. A state of ulceration of the surface, a gradual loss of the substance by ulceration, precedes the gradual discharge of minute bony substances through the openings. In the same way we find caries produced by pressure on the body, by the maintenance of one position for a long time in a serious illness. Thus caries of the sacrum, caries of the trochanter, caries of the crista of the ilium, will arise. A carious or ulcerative state of the articular ends of the bones takes place, in consequence of ulceration extending to them when it occurs in the articular cavity of a joint; if that affection be not checked, it extends to the articular ends of the bones, and destroys their spongy ends. External causes—blows, accidents, injuries, and so forth, will no doubt be more likely to produce the effect I have alluded to, when they occur to individuals who, from peculiarity of constitution, may be considered predisposed to such an affection. A blow on the shin, or anything of that kind, will be likely to produce caries, if it take place in a scrofulous subject. No doubt, in the great majority of instances, carious affections arise from internal causes—from something unhealthy in the constitution of the individual affected. There are two states of constitution more particularly liable to this affection; that condition which we denominate scrofulous, and that which is the consequence of infection from the venereal poison.—In these states we observe a remarkable difference or contrast. The venereal poison attacks the compact parts of the bony structure, the more dense or hard parts, such, particularly, as the tibia, the compact part of the ulna, and the bones of the cranium; while in scrofulous subjects, the loose or cancellous parts of the bones are more particularly the seat of disease—the bodies of the vertebræ for instance; the bones of the carpus and tarsus, and the spongy articular extremities of the long bones of the body.—*Treatment*: The treatment must, in the inflammatory stage of caries, be antiphlogistic; take blood from the part locally, and adopt other antiphlogistic measures, and after this counter-irritation, by the application of tartar-emetic ointments, moxa, and so on, in the neighbourhood of the diseased bone. When we come to the ulcerative stage of the affection, we must employ the counter-irritant plan. So far as local means go, perhaps we have no more effective methods of producing it, than by counter-irritation, issues, or moxæ. Further, as a local means of treatment, we are recommended, when the carious affection occupies a small portion of bone within our reach, to denude the bone and remove the diseased part by means of Hey's saw, or a stout pair of scissors or plyers, or by any other mechanical means, to cut away that which is the seat of disease. On the Continent they are much in the habit of resorting to the actual cautery, separating the part, getting the diseased bone effectually removed, and then applying the cautery, heated to the highest degree, to the bone. These measures consist of local applications, but I think you would neglect the most essential part of the treatment in such a case, if you were not to pay great attention to the state of the health of the individual in other respects; if you were to confine yourself to the treatment of the local affection of the bone, and not to employ those means which are calculated to benefit the constitution, for certainly caries owes its origin and progress very much to an unhealthy state of the system. You should give the patient, more particularly if he be of a scrofulous constitution, all the benefit that can be derived from residence in pure air, nutritious diet, exercise, attention to warm clothing, and the state of the skin, warm bathing, and so forth. In the worst state of scrofulous patients, and where long disease of the bones and confinement have co-operated with natural debility of constitution, you not only require all the aid of these means, but you must give them the further advantage of strengthening courses of medicine. I do not know anything that is more advantageous under these circumstances than the exhibition of steel. You will of course, in conjunction with this or any other treatment, pay attention to the condition of the digestive organs; and, at the

same time that you are giving a nutritious, perhaps rather a copious diet, you will take care that the functions are regularly performed.

Necrosis, which means simply death of a part—*mortification*—is now usually applied technically, to denote death or mortification of bone. Necrosis, as I have already intimated to you, has been confounded with other affections of the bony structure, under the term *caries*; and necrosis has sometimes been called for *dry caries*. You will understand, however, that there is an essential distinction between them; that caries, in fact, is *ulceration of a bone*; necrosis is *gangrene* or *mortification*.—*Necrosis* and *exfoliation* are not synonymous expressions. When a portion of bone has perished, has become mortified or gangrenous, it is separated by a natural process from the healthy portion of the bone; and that separation, under certain circumstances, is called exfoliation; so that exfoliation is consequent on the necrosis; that is, the necrosed, or mortified, or dead portion of bone, exfoliates or separates. Exfoliation is, therefore, a subsequent process, consequent on the previous death or necrosis of the bone.—The compact bony texture, that which constitutes for instance the shafts of the long bones of the body, is most subject to necrosis; the remaining texture, the cancellous, the loose, or the spongy structure, is also susceptible of the process, but by no means so frequently. We may occasionally see portions of the carpus or tarsus, or some portion of an articular extremity of a long bone, destroyed by the process called necrosis; but such occurrences are much more rare, than the death either of a portion, or the whole of the shaft of a long bone.—In the long bones, and in the compact structure of any part of the bones of the body, you may have either a small portion of the bone perishing and then separating, or in the case of the long bones, you may have the entire shaft of the bone, that is, the portion of the bone that intervenes between the two extremities, perishing altogether. In this latter case, the productive powers of the osseous system appears in a very remarkable point of view; for, when the entire shaft of the long bone has perished by necrosis, formation of a new bone takes place. A kind of reproduction of the part lost; in fact a regeneration occurs, which produces a bony substance adequate to the functions which were performed by the original bone. Necrosis takes place most commonly in young subjects; in children, and more frequently in the scrofulous, or in those that are of a naturally weak constitution.

The *causes* of necrosis, are either external or internal. Necrosis may take place in the first instance, in consequence of direct external violence; blows or bruises, for instance, or in consequence of wounds, particularly such as are attended with a detachment of the periosteum of the bone. Thus we not uncommonly see in compound fractures, that the extremities of the fractured bone perish, and are separated before union takes place. In the same way, when portions of the bone are considerably injured by comminuted fracture, they are separated. Fractures produced by gun-shot wounds are very liable to be followed by mortification of the injured parts of the bone, and subsequently, by separation. Then the application of corroding chemical substances to the surface of the bone, or to the surface of the membrane that covers it, will cause necrosis. The application, for instance, of concentrated nitric acid to the periosteum, will occasion not merely detachment of the periosteum, but frequently an inflammation extending along the bone, which produces necrosis of the shaft of the bone generally. Any cause capable of producing inflammation of the bone, would be likely to produce necrosis. Probably the application of intense cold to the surface of a limb might, in an individual predisposed to such an affection, be sufficient to cause necrosis. Then, also, necrosis may be produced by any circumstance affecting the medullary part of the bone. This we do not often see in the human subject; but in experiments on animals, we find it to be the case.—The most important points or circumstances to be observed in necrosis, are those where necrosis takes place in the shaft of a long bone, particularly when it becomes the seat of disease, terminating in detachment of the periosteum, and consequently death of

the affected portion. The mode in which this occurs is seen in the performance of experiments on animals. If a cylindrical bone be broken through, and the medullary part of the bone be destroyed by thrusting a wire up it, or by the application of any acid substance, necrosis is the consequence. Under these circumstances, we find that the periosteum becomes detached from the surface of the bone; and we shall find, between the detached periosteum and surface of the bone, a kind of glutinous fluid—a jelly-like substance. The periosteum which is thus detached becomes thickened and very vascular; so that when injected with size and vermilion, assumes a deep-red colour. The cellular membrane, situated on the surface of the periosteum, undergoes a similar change, becomes thickened, and forms with the swelled periosteum a vascular case surrounding the diseased portion of bone. This sheath soon begins to assume great firmness of texture. In the first place it seems to be of a cartilaginous structure, and then bone is deposited in it; in fact it ossifies, and thus an osseous sheath or case nearly encloses the necrosed or mortified portion of the shaft. The osseous case which is thus formed is not, in general, quite complete; that is, it does not inclose the whole of the bone; you will see holes or perforations in it, and these lead into the cavity containing the dead part of the bone.—The osseous case or sheath which thus contains the mortified portion of bone is lined internally with a soft red vascular substance, which closely embraces the dead part of the bone. Here is the osseous substance and the vascular lining closely embracing the dead portion of bone. If you look at the dried specimen, where all the soft parts were destroyed by maceration, you find the dead part is loose—that you can shake it; but if you examine the case in its recent state, you will find the dead portion lined by vascular substance closely in contact with it.—Now the portion of bone which is enclosed in the new sheath, consists merely of the shaft of the bone which is affected; that is, the sheath does not extend so far as to embrace the articular extremities of the bone. I have mentioned to you that necrosis more particularly affects the dense or compact bony structure. Now the articular extremities consist of the reticulate or cancellous structure, therefore the process of necrosis stops short of them. The dead portion of bone known by the term *sequestrum* (or in the plural, *sequestra*), becomes detached from the articular extremity by the process of granulation, just in the same way that an exfoliated portion of the surface of a bone is separated; so that after a certain time, the sequestrum is found loose in the cavity formed by the new case. Then the vascular substance which lines the new case, and which is in contact with the part that has been detached, removes, by the absorbents which it contains, the dead portion, or at least takes away a considerable part of its surface; so that when the dead portion of bone is taken out of the case, you find it, as you might say in common language, exhibiting a *wormy* appearance; that is, presenting a number of grooves with rising ridges between them, corresponding to the shape of the vascular lining which belongs to the newly-formed bone; the inequalities of this dead portion or sequestrum being the results of the action of the absorbents. It has been very commonly stated that the matter—the pus which is produced on the inside of the new bone, occasions those marks in the old bone, and that this pus gradually wears away or destroys the old bone. We know, however, that pus possesses no aerid quality of this kind, that it has no solvent powers whatever, and we can have no difficulty in ascribing this appearance to the action of the absorbents situated in the lining of the new bone which is in contact with the old portion. The absorption of the old bone by the absorbents of the lining of the new, may proceed so far as almost entirely to remove the mortified or dead portion. Generally, however, this portion escapes either in one piece, or in fragments, through the opening that exist in the new case.

This escape of the dead part, or its removal by the action of the absorbents, is a process which takes up a great length of time, so that many months, or even perhaps a great many years

may elapse before in either way the dead portion is got rid of; but whether by a natural process, or by the assistance of art, when the mortified portion is removed, then the new ease becomes converted into a solid osseous mass, which completely supplies the place of the old bone. In fact, we might say, that this part is now more firm and solid than before, because the newly-formed substance is more compact, and the size of the bone is much more considerable. The new ease of bone is originally formed round the shaft of the old one. In the tibia I now show you, necrosis had taken place; you see the new part is much larger than the old; and you would find, on dividing it with a saw, that it is much harder. There are a number of eminences and depressions between them; there is an appearance which is something like exostosis; but in spite of those irregularities, when you come to examine the substance, you find it is very hard. There is a stalaetitic appearance occasioned by the numerous elevations that take place on the surface. When the process is completed, the bone which remains behind, consists of the articular extremities which belonged to the original bone, and the new shaft formed as I have described. The old shaft is destroyed or removed, and you have a new one substituted in its place; but the new shaft is so insensibly continued into the old extremities, that it appears as though the bone were merely increased in size in consequence of the process. When you come, however, to make a section of it, you can trace out very clearly the limits of the old bone and of the new shaft.—Now I have mentioned to you, that a new bone, thus formed, is capable of answering all the purposes of the old one. The periosteum which is formed over the bone, retains all the insertions of the muscles and tendons belonging to the old periosteum; that is, it retains all the relations that existed between the old periosteum and the surrounding soft parts. All these exist equally in the newly-formed shaft, so that when the process is at an end, the muscles are capable of acting just as they did before; the only difference is, that you find an alteration in the bulk of the bone.—*Symptoms*: If you reflect upon the nature of this process, you will immediately believe, that when it takes place in any large bone of the body, it must be attended with serious symptoms, both local and general. You have here a very high state of inflammation, proceeding in the centre of a limb, and occupying both the bone and the fibrous membrane which surrounds it; inflammation in parts which, from their dense structure, are very little disposed to yield, will be likely to produce considerable local disturbance and a corresponding serious general disturbance. You will find the local inflammatory symptoms and the general fever to be very high indeed in those cases. There is a considerable general tumefaction of the limb of an inflammatory character. Supposing the disease to be situated in the thigh, for instance, the whole limb is included in the disturbance. There is an unnatural heat of the part, a sensation of throbbing, an intense pain. These are the symptoms which characterize the affection locally. The swelling occupies the middle of the limb, it does not extend to the articulations; the hip and knee-joints are quite free. You have a firm tumefaction with increased heat, throbbing, and violent pain; and when you put the hand to the part and grasp it, you are sensible of a considerable increase in the size of the bone. With these local symptoms, you have a high inflammatory state of the system; very considerable disturbance of the circulation; decrease of appetite; white tongue; thirst; want of sleep; and very commonly delirium. I have seen instances of this affection taking place in the leg and in the thigh of children, where I have considered life was really in danger, from the violent nature of the accompanying inflammatory fever. The total want of rest and the other circumstances will be likely to wear out the patient. Generally, after a time, redness shows itself in one, two, or more situations. All the symptoms increase in intensity, matter forms, and if the thing be left to itself, the matter escapes by a spontaneous opening, which affords considerable relief. This result does not diminish the general swelling; matter escapes, but still the general

tumefaction remains. The openings do not heal, but become fistulous. The painful and bleeding granulations which I have had occasion to describe in speaking of these cases, show themselves in the apertures; and when a probe is passed down, it generally reaches the dead bone, which you can thus feel. After a time, you will find that matter forms in another situation, and that the same process goes on there. Under these circumstances, either an entire shaft of bone or a small portion will present itself at an opening, and admit of being removed; or, instead of that, you have successive formations of matter coming on at various intervals, and leading, generally speaking, to permanent fistulous apertures, through which a constant drain takes place. Sometimes several of these apertures close up in consequence of the formation of others; and in this way the ease may go on for years. It is a fortunate thing if, through any one of the openings, the sequestrum should present itself so as to be extracted; for, if you get away the portion of dead bone, you get away the source of irritation and formation of matter, and then the patient will do well.

Treatment.—The irritation which is experienced by the existence of the dead or mortified portion of the bone in the new osseous shell is sometimes so serious, and the patient is so worn out by the drain upon the constitution to which the fistulous openings give vent, that we are reduced to the necessity of amputation. It is found necessary, in order to preserve the life of the patient, to remove the limb. In considering the treatment of necrosis, you have to observe, in the first place, that both the local and the general symptoms are of a high inflammatory character, and, therefore, that antiphlogistic means are loudly called for. It is unfortunate, however, that this kind of treatment does not, in general, succeed; it may afford some relief at the time. Free abstraction of blood by leeches, fomentations, and such kind of treatment, may alleviate, in some degree, the sufferings of the patient, but it does not put a stop to the progress of the complaint. The greatest benefit we can produce by surgical treatment is, by making free openings in the early period of the affection, so as to give issue to matter as soon as formed in the neighbourhood of the bones; for you will see that the greatest impediment exists in these cases to the progress of matter to the surface. The matter is confined to the surface of the bone by the periosteum, and, instead of coming to the surface of the limb, it extends under the periosteum, so as to detach it from the whole shaft of the bone, unless we relieve it in the way I have described. In order to prevent this detachment, then, and to give the earliest and most effectual relief, we should make an opening down to the affected bone as soon as we can, satisfy our minds as to the nature of the case; even if we are in doubt whether matter has formed, it is better to make such an opening. The operation in cases of this kind is of no great consequence, even if matter should not escape, while it is of great importance if matter have formed, not only for the purpose of relieving the high state of irritation that exists, but to prevent the extension of the mischief that would subsequently take place. When a free issue has been given to the matter, we sometimes can bring the disease into a quiet state by keeping the limb at rest, and by employing counter-irritation, by means of a seton, issue, or the application of moxæ; that is, we can place the part in a state in which the natural processes, the formation of the new, and the absorption of the old bone, or sequestrum, will go on without irritation to the individual. It often happens, however, that the continuance of those processes, in spite of all our care, is attended with repeated formations of matter which discharge themselves in the way I have mentioned; and these there is no mode of stopping, except that of removing the cause, by taking away the dead portion of the bone. This can only be done through the medium of a surgical operation, unless in these instances in which the bone presents itself externally, and admits of extraction, a case which is rather rare. The object of the operation in those cases is to denude the bone, that we may be enabled to seize and extract it from the new osseous

case with a pair of forceps. If we can do this, if we can extract entirely the dead portion, we shall remove the source of irritation, and then the patient will quickly recover. In thus proceeding we must select a situation in which the bone is as near as possible to the surface of the body, so that we shall not have much of the soft parts to divide. We must perform the operation at that part in which, by passing an instrument, we have ascertained there is a portion of dead bone bare, and at which we shall immediately arrive by cutting down. We then make a longitudinal incision, and sometimes a crucial one, to lay bare the bone. We sometimes find it bare at one or two of the fistulous openings, which are occasionally separated by a little bridge of new bone that can be easily cut through; we can then remove, by various kinds of instruments, any thin part of the new osseous shell which may prevent us from obtaining a free exposure of the bone. We may employ Hey's saw, or Liston's cutting forceps, or a chisel and mallet, and when we have got the bone bare we may employ the trephine, and the instrument I now show you, to raise the dead bone. If the dead portion should include the whole shaft, and the exposure be at a short distance only from the surface, we can remove it by cutting the shaft into two, and then taking the parts away one after the other. You will mostly find no difficulty from any connexion at the ends of the extremities, for these parts are separated at an early period by absorption. By this proceeding the duration of a case will often be abridged, perhaps by many years; you will afford very great relief to the patient, you will get rid of a very serious influence on the health and general system; you will, in short, get rid of the complaint.—There are some instances in which, from the situation of the bone, we are unable to afford the patient the relief obtainable by extraction. Here we must be satisfied with the less effectual benefit which counter-irritation gives.—All the bones of the body are not equally liable to necrosis. I have mentioned to you that the compact portions of the bony substance are most liable to it; but all the long bones are not equally subject to it. With respect to the order of frequency in which the bones are observed to be thus affected, we may say that the tibia exhibits necrosis most commonly. Nearly all the specimens illustrating the affection are of the tibia. Then comes the femur, then the humerus, then the lower jaw. It is by no means uncommon to have necrosis of the lower jaw, especially in young subjects. You will have considerable portions, involving several teeth, become necrosed; and you are surprised to find, when you take out portions of the lower jaw, that the process of mastication, and other functions of that sort, are performed as well after as before the operation; but you will observe, that in those cases there is a new case of bone, by which the lost part is supplied.

But I must not fail to inform you, that in order that reproduction should be carried on, it is necessary that the periosteum, although separated from the necrosed portion of bone, should remain entire in its structure. If a certain portion of the shaft of a long bone were destroyed, with the periosteum and medulla altogether, you would have no reproduction.

RICKETS is a corruption of the original Greek term; but by rickets, or rachitis, as the term is now used, we do not mean a disease of the back-bone, but apply the word to the osseous system generally, to the spine and all other parts in which there is an unnatural softness of the osseous substance.—As the bones form the frame of the body, as the general configuration of the limbs and other parts depend upon them, and as they support the weight of the various parts, you will easily understand, that when preternaturally soft in structure, the configuration will be materially altered. This configuration, or deformity of such parts of the body as are affected by this softening of the bones, is the most prominent symptom of the disease. The bending of the bones, however, is not to be understood as owing its origin to rickets, or rachitis; we sometimes see the bones of the lower extremities giving way in very strong, stout, and healthy children, when they first begin to walk and go about. Where the

upper parts of the body are particularly large, the bones, especially those of the leg, seem to bend under the weight which the body imposes on them.—Under these circumstances, although the child may be completely healthy, parents are often very anxious, and want to know whether they should apply “irons,” whether they should use instruments, whether the legs will become straight again, or the child remain permanently deformed. In such cases, you will find that the bending of the bones is only temporary. If the children are stout and healthy, if there are no other marks of disease about them, if the bending of the limbs seem to be referable more to the weight of the upper part of the body than anything else, in proportion as the natural development of the frame proceeds, those characters will disappear. I have seen children whose legs have been very considerably bent, lose all appearance of that deformity in a short time, and be quite stout and strong. In cases of rachitis, however, we find extensive affections of the osseous structure; we find less earthy matter and a greater proportion of animal substance than is natural. We find that the bones, in rickets, often admit of being cut with the knife. When you make a section of a bone of this kind in its recent state, you find a good deal of reddish fluid in the bone instead of the ordinary osseous substance. You will find the external shell, or compact part of the bone, considerably thinner than it ought to be, and altogether presenting so great a deficiency of the osseous structure that you can really cut the bone easily. A section of the bone in this state presents an appearance altogether different from that which healthy bone would exhibit. The effect of this state is, that the bones give way under the weight they have to support; and the form which they assume is generally an exaggeration of the natural configuration of the bones. The limbs of a rickety patient present a curious, and we might almost say a ridiculous, contrast; you have the lower limbs bent, perhaps, so as to reach a height of not more than half their real length, while the upper limbs are natural and proportionate. The spine, again, exhibits, in a striking way, the effect of this disease; the weight of the head bends the spine in various directions; the neck sinks under the head, and curvatures of it take place in various directions. The chest, also, exhibits considerable deformity in rickety subjects; the sternum is pushed forward, the chest is flattened laterally; the sternum has the appearance of the breast of a bird, and, indeed, persons so formed are said to be *chicken-breasted*.—Now this state of the bones is seen in the early period of existence, especially in children of two or three years of age; at all events, it is generally exhibited under the period of puberty. Great as this organic change of the bones seems to be, it will come to an end naturally; the diseased state will pass off, and healthy ossification will occur, so as to render the bones which have been thus preternaturally soft, as hard and as solid as if they had never deviated from their healthy state. They do not, however, recover their natural figure. Osseous matter is deposited in them, so as to render them useful for all purposes; and it is curious to observe, that the deposition of the osseous matter takes place in the curve of the bone; it takes place in such a way, that the greatest concavity seems to be almost entirely gone. But yet this process does not extend to the restoration of the natural configuration; the deformity remains permanent. An individual, however, in whom this reparation takes place, may recover the full degree of muscular power, and, indeed, in some instances, such persons have become remarkable for strength.—The chief cause of rickets is a defect in the natural organization of the individual, and, in fact, a defect which is very nearly allied to that which I have already described to you in speaking of scrofula. The circumstances which lead to the particular manifestation of disease in the bony structure, are more obscure—we cannot trace them. We can see, however, in those individuals who exhibit this disease of the bones, other diseases, or other marks of disease. There is, usually, a flaccidity of the flesh, a paleness of the skin, a general weakness. In such individuals you will easily suppose that the head, the chest, and abdomen, may become the seat of disease; and thus, in authors who have

written on rachitis, we find mention of various diseases occurring in those parts, as if they constituted a part of the disease of rickets. They are not, however, essentially connected with this disease of the bones; you may have in such individuals such an affection of the bones, without any disease of other internal parts. The bony affections, or rachitis, or rickets, are frequently quite unconnected with the disease of any of the internal organs of the body.

The treatment may consist of such means as will be calculated to strengthen the general system, and to mend the original weakness of the constitution. In this respect, nearly all the observations I have made to you on the treatment of scrofulous individuals, are applicable. A good diet judiciously regulated, residence in pure air, attention to clothing—particularly warm clothing in the cold season of the year, and the various means by which an active state of cutaneous circulation can be kept up, warm bathing, tepid bathing, sponging the body with warm or tepid water, and, when the individual becomes stronger, cold bathing, especially sea-bathing—these are circumstances in the general management which are of great importance in cases of this kind.—A very important question is that which relates to the propriety or advantage of employing *mechanical means* to remedy defects in form of the limbs or other parts. I should say, in general, that no advantage is to be derived from them, and that in the great majority of instances they are productive of mischief.—I should observe, that during the active period, and while the bones are yet soft, it is a matter of prudence to relieve them from the weight which they are destined to support as much as possible. If a child is thus affected, you would let it roll about on the ground, or on the carpet, or procure it exercise in the open air, rather than allow it to go much on its legs.

MIDWIFERY.

To the Editor of the ‘Medical Times.’

SIR,—I send you a case of difficult labour, should you think it sufficiently interesting.

JOHN LENEY.

Bray, Co. Wicklow.

Mary Power, æt. 34, healthy, active woman, of small size, first accouchment, had arrived at the full period of gestation.—August 9. Rupture of the membranes took place at 11 o'clock a.m., had then to walk a distance of two miles; labour-pains set in at 2 o'clock p.m., returning at long intervals.—Saw her on Monday, 10th, at 11 o'clock a.m., for the first time; on examination, found the head had escaped the uterus, pelvis extremely narrow, perineum rigid and unyielding, skin cool, tongue moist, pulse seventy-five, soft.—Tuesday, August 11. Had some hours sleep in the night, head pressing on the perineum, which has become relaxed, retention of urine relieved by catheter, bowels freely opened by enema.—Wednesday, August 12. At 3 o'clock this morning gave birth to a very small child, which lived for six hours; immediately after the birth of this child a second was felt high up in the uterus; slept for some hours, occasionally talking incoherently, pulse 100. At 2 o'clock p.m., not having any return of pain, the membranes were ruptured, and at 3 o'clock pains came on, and continued very violent until the morning of the 13th, when she was delivered of a dead child, much larger than the first. One hour after the birth of the second child, the placenta of the first came away, and in fifteen minutes after, that of the second child. Saw her at 12 o'clock, has been sleeping composedly, skin cool, tongue moist, pulse eighty, weak; no tenderness of abdomen; makes water, bowels full, but at times talks incoherently.—This woman recovered without one bad symptom; both were head presentations, being ninety-two hours from the rupture of the membranes of the first child to the coming away of the placenta.

CATHETERISM OF THE EUSTACHIAN TUBE.

To the Editor of the ‘Medical Times.’

SIR,—Great credit has been assumed by certain advertising aurists, for having imported from the continent the operation for catheterism of the eustachian tube, which they describe “as not only *easy of execution*, but also *destitute of pain*, and productive of *marvellous success*!” If those same “aurists” would tell the truth, and explain the severe sufferings some of their patients have experienced from the throat operation, and the necessity they have been under to lose large quantities of blood by cupping, added to other active measures, for the purpose of alleviating pain, and guarding against worse consequences, they would but act the part of honest men, though it might possibly withdraw a few credulous applicants, encouraged to seek relief for their deafness by the false representation of the ease, safety, and efficiency of the surgical expedient they so highly laud!—Should the deafness depend on an enlargement of the tonsils, it is obvious that no permanent good effect can result from simply pushing it aside by the catheter; and if the part affected happen to be *inflamed*, by no means an uncommon incident, and still more if it be ulcerated, the thrusting an unyielding instrument against it cannot but prove *exquisitely painful*, and liable to entail the most serious local injury! An accurate anatomical examination of the parts implicated in the above mode of treating deafness, leads to the suspicion that the operations performed in the presence of their “sagacious medical friends and others, *without uneasiness to the patient*,” was attributable to the catheter having only reached the fauces, without entering the Eustachian tube.

J. P.

MR. CEELY'S RESEARCHES inform us, that besides the true cow-pock, the variolæ vaccinæ, the milch cows appear to be very subject to the following eruptive diseases, and spurious pocks. Inflammation and induration, sometimes supuration of the cutaneous follicles at the base of the teats; small hard knots, cutaneous or sub-cutaneous, in the same locality, about the size of a vetch, a pea, or even larger, which often remain indolent for a time, at length become red, vesicate, enlarge, suppurate, and burst after attaining not unfrequently the size of a walnut. They occasionally affect the hands of the milkers, and often the other cows milked in the same shed, by the same hands: an eczematous eruption with intertrigo on the udder, and near the roots of the teats: warty growths of two kinds, one consisting of long narrow pendulous and linear-shaped prolongations, easily removed, and often detached; the other, of short, thick, compact, broad elevations, lighter in colour generally than the ground from which they rise, of various sizes, from that of a pea to that of a horse-bean, frequently very numerous on the teats, where they are often found bleeding, and partially detached. The yellow pock: a pustular eruption, resembling ecthyma, on the teats and udders, succeeded by thin dirty brown or black irregular crusts. The blueish or black pock: blueish or black or livid vesications on the teats and udder, followed by thin dirty brown or black irregular crusts, and some degree of impetigo in the interstices near the bases of the teats. The white pock, a highly contagious disease among milch cows, and to the milkers, quickly causing vesications and deep ulcerations; often, or almost always, confounded by them with the true vaccine, and certainly not readily distinguishable in all its stages by better informed persons than milkers.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Chemistry no Mystery, &c. By John Scoffern. Pp. 310. Harvey and Darton, Mercury, Blue-Pill, and Calomel; their Use and Abuse. By G. G. Sigmond, M.D., &c. Pp. 129. Renshaw.

DR. COWAN has our thanks, and deserves those of the community. His pamphlets on Quackery deserve the attentive perusal of every member of the profession. From the first number of the 'Medical Times,' we have constantly exposed empiricism, professional and non-professional, and to specify the numbers containing attacks on Quacks, would be to give a list of the numbers of our Journal.

T. W.'s inquiries shall be attended to. We are not aware whether it is Mr. Cayley's intention to extend his fame, by issuing a work on the 'Surgical Anatomy of the Neck,' nor whether that work will be illustrated with cuts—steel or wood. We were not before aware of the intimate relation of anatomy, surgery, and thimble-rig!

Are the Governors of the Apothecaries' Company aware, that their beadle, Sayer, levies a kind of black mail upon the students who are brought in contact with him, by the regulations of the Hall? Are they aware that this livery-less beadle is scarcely able to observe common civility to those who ask him for information, and that their office is rendered a medical agency shop, in which the tricks of the flat-catching fraternity are played off in their worst style?

A SUBSCRIBER, LEEDS, who inquires 'the best way of procuring a German diploma of any of the Universities, and whether there be an agency or office in London for the purchase of the same,' is informed that we know of no such office. If he contemplates the purchase of one of the disgraceful parchments, let him change his mind. That which is gained without examination, conveys no honour to the holder. A purchased diploma is only valuable to a quack, and if quackery is the object in view, it is silly to waste thirty pounds for a title which may be had for nothing.

MR. STIRLING is thanked for his communication. The remedy proposed is very generally adopted by the profession in England.

M.R.C.S.—The regulations may be obtained through the penny-post, by application to St Andrew's.

Several reviews have been accidentally delayed. The arrears will be brought up.

PARIS.—Received. Anxiously waiting a reply to note sent.

Paper on Deafness again postponed.

RECEIVED.—Vindex.

W. W.—It was presented by Lord John Russell, who said it was "a petition from the Provincial Medical and Surgical Association, consisting of 1,200 members, expressing their opinion, that the present state of medical education, and that the power of granting degrees or licences to practise physic and surgery, were in a most unsatisfactory state, stating that there were not less than sixteen modes of acquiring the necessary education, and of passing examinations; that from the Committee of 1834, they naturally expected some measure on the subject, and regretted that their expectations had not been realised, and representing that it was high time reform was effected, whereby medical education might be rendered uniform, and that persons practising medicine or surgery in the three kingdoms, might be qualified according to well-known and uniform rules." (Hear, hear.) On that occasion, Mr. Wakley said, "he had been requested to support the prayer of the petition, which he did most cordially, and he was very glad it had been intrusted to the Noble Lord." Thus ended the farce, Mr. Thomas Wakley, M.P., August 8th, 1839, following in the wake of a Whig Lord, after having been four years in parliament as the medical reformer, who was to do everything good and practicable for the profession!

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THE MEDICAL TIMES.

ATTEMPT TO SAVE WARBURTON.—A SHAREHOLDER'S NOTION OF MEDICAL REFORM.

INDEPENDENT of party and of persons, it is our inclination as well as our duty not only to reiterate to our medical brethren their exact present position—but also to state what their just interests, combined with the voice of Christian humanity, call upon them to do without delay. To this end we may recur to one or two points which must not be lost sight of.

Let it be remembered, that a physician, a personal friend of one of the two honourable Do-Nothings in the House, and who happens to be the head and front of Wakley's British Medical Association, observed at the last meeting of the Provincial Medical Association, that "with respect to Mr. Warburton's motion, he thought that if a gentleman of Mr. Warburton's influence had been disposed to bring this question forward, a House might have been constituted." He recommended the Council to ascertain, "what Mr. Warburton's views were (!) and, if he did not intend to support the representative principle, to get some other gentleman who would introduce the measure into Parliament." In consequence of this proposition by Dr. Webster, a deputation waited upon Mr. Warburton, Dr. Webster at its head, and, as a matter of course, the answer was, by their own declaration, *most unsatisfactory*. The fact is, Mr. Warburton was obliged to let out a *leetle* of the truth, because he now finds he cannot humbug the profession any longer in the broad and gross manner he has hitherto done—he therefore attempts to steer, like many a trickster before him, a middle, equivocal course, pretending to desire everything, but not doing, or attempting to do anything. Upon being asked the character of the provisions of his unintroduced and unread bill—the bill which he has taken six years to engender—it appeared

that, in this University-shareholder's opinion, "there should be a Council in each metropolis, partly elected by the profession, and partly by the Government; and that there should be a proportion of gentlemen not of the councils, these also to be appointed by Government. The Councils to elect examiners, and have the power of licensing to practise, along with the existing institutions, which are to be allowed to retain all their present rights, and there are not to be any provisions to prevent grocers, druggists, and empirics, *et hoc genus omne*, from tampering with the public health." Mr. Warburton added, very truly, that "he believed his bill *would not* give satisfaction to any party." Another monopoly! Another licensing body!! We think such a measure would be more oppressive, and more injurious to society, than a continuance of existing abuses. This, however, renders one essential service, it shows us *the moving spirit* which framed the Charter of the present London University, and which has caused it to become as despicable a monopoly as those it was intended to supersede. The inconsistency of Dr. Webster's expressing mistrust, and speaking in condemnatory terms on one hand, and in the same breath proposing that a deputation should wait upon the individual who has so woefully misconducted himself, in order to learn his future intentions, is in itself apparent. Such a proceeding was misleading the Association from its proper course, for it cannot be supposed that the person who has for six long years sacrificed the dearest interests of the profession and of humanity, can be relied upon, either in word or deed.—The Association, instead of proposing a deputation to wait upon Mr. Warburton, and thus dilly-dallying away time in the 'old woman' style, should at once have passed a vote of censure upon, and unequivocally and altogether, have taken the affair into their own hands. This is what their duty called them to do. If the medical profession do not undertake the management of their own matters, and forsake the worship of a log of wood because it chance to be in their way, they will not only prove themselves the most gullable body of men in existence, but perfectly devoid of that feeling which they should possess as Christians towards the human race. A compact association, formed of zealous medical reformers, determined to work for the purpose of drawing up and stationing petitions, soliciting the support of Members of Parliament, and framing a Bill, *would ensure the carrying of MEDICAL REFORM*. This should be done without a week's delay; Parliament is only prorogued until the 8th of October.

PUBLIC HEALTH, AND ITS CONNEXION WITH MEDICAL REFORM.

ONE of the most obvious consequences of a remodelling of the political state of the profession, would be a great diminution in the ratio of mortality in the nation. England is the only country in Europe in which the health of the population is not subjected to the supervision of a government medical police. In France, Germany, and Russia, there are medical boards in connexion with the executive, who hold and exercise a superintending power over all questions relating to public health and mortality, and point out the causes of disease which lurk unsuspected under the veil of old customs

From the reports of these bodies, a department of medical jurisprudence has arisen, of the first interest to every one, individually and socially; public nuisances, and other injurious influences, have been brought before the attention of the legislature, and thereby effectually suppressed. Now, in this country, the sources of national health and disease are altogether unconnected either with government, or with any of the medical corporations. The latter are, without exception, the most impotent bodies under heaven, and the consequence is, that diseases which destroy more than fire, sword, or tempest, are allowed to arise and pursue their course unchecked, save by the charitable exertions of a few medical men without assistance, encouragement, or thanks from those whose duties they fulfil, and with the sole reward of a good conscience.

Many of the predisposing and exciting causes of disease, among the lower orders of society, are directly referable to their depraved habits, and these, again, to laws which diminish the food of the poor, increase their hours of labour, and obstruct the diffusion of education among them. These are subjects for a different remedy; but there is a class of causes of a nature equally or more fatal, which can only be effectually remedied by a medical board, armed with legislative or executive powers. Let any one look to the subject of nuisances, and say whether health or property enjoys the greater protection of government. On the continent, no manufactures, or other measures, whether instituted by companies or individuals, are allowed to interfere with the public health—they are under the influence of a medical police. But here the most noxious agents are diffused through the atmosphere by men either ignorant of their ill effects, or prompted by avarice to the most wicked indifference of the lives of their fellow-creatures—and this without inquiry, scrutiny, or control.

We are partly led to these observations, by our knowledge of a destructive nuisance which now exists in a populous and even wealthy neighbourhood. This is a large vitriol manufactory now in full operation on Kennington Common, belonging to a Mr. Farmer, who has reaped immense wealth from it. This has always been a source of great annoyance to those living in the neighbourhood, and a great loss to proprietors of land and houses; but within the last few months a new process of manufacture has been commenced, followed by the most deadly influence on vegetable life. All the vegetation under the influence of the deleterious gas has been either destroyed, or the crops materially injured, and some market-gardeners just behind the works have been reduced to great losses and anxiety. We have also opportunities of knowing that a perceptible and deadly agency is evident in its effect on the health of the inhabitants; and all this is allowed to exist to pamper the avarice of one man, simply because the laws for the suppression of nuisances are so uncertain and complicated, that no inhabitant has the moral courage, or pecuniary means, to take the necessary steps for its suppression.

We must have a well-organized board of public health, to adjudicate in such cases as these, and to regulate the ventilation and drainage of alleys, courts, and narrow streets; to prevent the accumulation of filth, and decaying animal and vegetable matter, and the crowding of the population; to inspect the state of food and water; the drainage of marshes; the situation of slaughter-houses, mews, and graveyards; the state of public lodging-houses, prostitution, and quackery. But we are exceeding our limits; but shall return again and again to this all-important subject.

ETHICAL OR INTERNAL REFORM OF THE MEDICAL PROFESSION.—NO. V.

It withers the enthusiasm of the scientific mind, when it beholds men erected as stars above in the world's favour, who would almost profane the meanest avocations. The examples of indiscriminate and prejudiced selection in Molière's manner, are not merely matters for laughter, or to excite ejaculations for the folly of mankind, but they make the judicious grave, and sicken the high-minded with a profession in which such exceptions to reason come to pass. In the most fastidious circles of society, we have examples of the patronage of impudent and audacious ignorance to an extent that baffles the perspicacious mind to explain. The rising young men of the profession, for the most part are far better educated than the relics of the old school, are forced to see examples obtain, which teach them to look with the apathy and indifference of lost confidence to any better course to success, in the present highly artificial state of society, then systematic chicanery and intrigue, unprincipled practices, and convenient duplicity. Application to the profession is out of the question, when nothing profits a man but the "art of humbug." They see now in medicine the general maxim reversed that knowledge is power; it is rather impotence. "The race is not for the swift, nor the battle for the strong, nor favour for men of skill." It is demonstrated to them that education and talent are even useless, if not in many instances positively injurious to their private interests; that no distinction is made between merit and assuming ignorance, unless to the advantage of the latter. In fact, the entire complexion of that style of character, which so exclusively "achieves greatness, or has greatness thrust upon it," is disgraceful in a local as well as personal point of view, to the individuals themselves, and to the people who countenance them. So great is the force of one knave amid a crowd of fools, and brings an irreparable blot over the whole profession.

The large watering-places and great towns, for the last twenty-five years, have been chiefly, but not exclusively, the seats of these abominations. These men, who have risen, have been characterized by *Astutia Medica*, and humbug; or by pretensions of influence, interest, and connexion; or money; or hypocrisy and party in religion; or curemongering; and nearly all have not been superior to common routinists, in point of ability. All men of real genius and talent, with a few exceptions only, have been driven out by "hoc omne genus" just enumerated, combined and united together purposely to crush them!! Local circumstances and characters, as well as difference of situation, create great varieties in the exhibition of the *black-hearted* or cylindrical side of medical character. These places are quite alive with the filthy and sprightly animation of a carrion, in the reduction of their monsters. In consequence principally of excessive competition, old modes of quackery, fraud, and villany have been revived, which serve to supersede the honest pretensions and claims of talented and skilful men, who cannot condescend, from regard for conscience, character, and dignity, to medical pettifoggery and finessing. We shall particularize localities, and speak less in general by-and-by.

The great and little fashionable worlds are openly ridiculed by every sensible man in the country, for patronising the audacious impudence of a pack of braggadocias, in spite of their known character, where they have had a local habitation and a name. This, as we observed before, arises from the spirit of "fashionable conceit," from party and peculiar feeling against

the regular profession, as well as from shallowness and credulity. Instead of guarded, close, and fastidious scrutiny into the character of pretenders, they are led away by absurd and bombastic puffs, and all kinds of false impressions; they inflate the object of their favour from a frog into a bull. However superior they may be in external refinements and blandishments, they and their idols are laughed at by rational and enlightened men. "Fashionable conceit" is always foolish enough to persuade itself that it is infallible, and can put common sense to shame in supporting humbug. The fashionable doctor in the modern paradise of fools, is impressed, no doubt, by the ignorant and cunning of the craft, and his own vanity, that physic is something innate, inspired, or constitutional in him, like the gout. His friends, who are generally coppers and venal tradesmen, expend a great deal of frogman and twattle to make all this sound like gospel to weak gentlefolks and simple women.

It has been the pleasure of the "INGENS TURBA STULTORUM," to confide most in the spells of those who will promise anything, because they have no character to lose by the want of performance. It is singular, that science has most to dread from the competition of small pretensions, with mean cunning, even in places where only elegance, taste, and education (?) are supposed to reside! It is in such places of late years, that characters of very subterranean origin, like a certain *earthly* goddess, have most conspicuously succeeded, by means of sheer impudence and peculiar omnipotence, over weakness and credulity. Private respectability, high cultivation and talent, have proportionably receded into shade and neglect, as its vile counterfeit, like the braggadocia of Spenser's 'Fairy Queen,' has advanced. What is the use, say the Astute and the Quack of talent, if the world do not see it, or do not think so? This remark was made by an irregular druggist, in a boorish country-town, of a physician of great talent, whom few employed, as a boast of himself, whom the vilest of vulgar, rich and poor, run after as a "Doctor" forsooth, but whom the entire profession, and the few sound-thinkers, despised as a wretched nuisance in society.

There is a host of reptiles and scoundrels, who set at nought the necessity both of natural power of mind and education, who take advantage of our want of medical legislation, to commence as petty druggists, assume the most opposite divisions and ranks in the profession, at one time, or progressively, bend about like the willow in all directions, and raise themselves upon a gradual pyramid of mud by bribery, and popular and vulgar arts.—In this way, artful knaves obtain an ascendancy over gentlemen and educated men, and try to excite general prejudices, even against great and extensive powers.

The illiberal Timocratic gentry now act by *esprit de corps* and private and social despotism, which they falsely call the *legitimate* influence of property. They do not all patronise by humbug and delusion alone, but where they have an interest in some incipient of their own almost brainless class, they force the public choice by dictating, domineering, bullying, exclusive dealing, and bribery. If talent and skill of more moderate station are opposed to them, they denounce, proscribe, oppress, slander, and persecute it, and bear it down, "until," as Lord Brougham says, "it can be borne down no longer," by the basest and foulest means, incited by a callous and loathsome selfishness peculiar to their *caste*. In other cases, where the interests of any acephalous abortion of their own order of the long-legged and red-headed species of Simia, for instance, are not concerned, the

clods of the valley prefer medical pretensions by manners, and outside show, and cork-screw convivialities, party in politics and religion, and latterly, as the squires are pretty well mortgaged, and those reverend poltroons the pluralists, are about to be put on the reduced list, they consult economy and cheapness, and fly to the general practisers. We are speaking now of the Anglo-Welsh tribe of petty parish tyrants. Even such is the cut-throat and cannibal feeling of the one-eyed Cyclopes and Polyphemuses of church monopoly, who feed themselves and their own by devouring all the rest!! There is nothing now to be found in English society but feelings and impressions openly and secretly hostile to the elevation and success of genius and talent, and destructive of the higher degrees of utility. This spirit is excited, in no small degree, by a set of detestable creatures in the profession itself, filled with a low, grasping, greedy, competitive envy and spirit, who combine together to crush genius and talent in every place where they fear it will interfere with their sordid monopolies and disgraceful gains. Idiots, as ninety-nine out of the hundred, are now at the HEAD of the profession, and traitors in their conduct and in their hearts!! *But we will comb these CATTLE!* We shall not hesitate to prove that the English public, in great part, raise men not only of inferior education and palpably deficient minds, but men who can scarcely speak their own vernacular with any propriety; who can scarce connect two rational sentences together with any sense or meaning, in converse or on paper. The FOOL-KNAVES of the profession are those whom they raise over the heads of men of superior skill and utility, and so confound in one manner all distinctions between brutes and men, and deprive society of valuable and efficient persons, by driving them into obscurity and parsimony. These wrongs and injustices deprive the public of many valuable and efficient servants, by disgusting the ill-used and injured; and driving them out of the profession, and stopping the progress of improvement. The 'Edinburgh Journal' (1808), says, "the additions which Edinburgh graduates have made to medical science, have been made in the early part of their lives; they seem to loose their enthusiasm as they grow old, or they direct their attention to other pursuits because they meet with no encouragement to devote themselves exclusively to the study of medicine." But it is not in favour of one form of particular character, nor from one abominable motive, that they thus act, but from much and various moral turpitude, and we shall expose the whole without mystification or reserve.

Commenting on the want of public justice to men of skill and talent, it has been very well argued by the society of Associated Surgeons and Apothecaries in London, in their 'Transactions,' "Has it ever been an objection to the linguist that he was learned in many languages? or, to the astronomer, that he was also a mathematician? Far from a comprehensive course of medical studies weakening the reasoning power of the individual, we are persuaded that it will be found to be indispensably necessary to soundness of judgment in subjects connected with medical science. Mental short-sightedness may attend exclusive short-sightedness to one subject, as minute work prevents individuals from observing and judging accurately of objects beyond the limited sphere of vision." (P. 132.)

In support of this argument, it is very well known, in reading the 'History of Medicine,' that the study and practice was anciently confined, in England, to men of merely *vulgar experience* of the effects of *simples*, and a

knowledge of the *gross* and *obvious* characters of disease, *not minute* nor *correct enough* to ensure *safety*. This knowledge, such as it was, so confined to mere ROUTINISTS, was unconnected with any collateral pursuit. Medicine was exclusively practised by these men and their families, upon the hereditary principle. Hence, as in Tom Brown's 'Letters from the Dead to the Living,' irregulars and quacks called themselves "Born Doctors," "Seventh Son of Seventh Sons." It brought the profession to a low, lack-lustre, ebb in science and skill, and a mere hereditary shop monopoly. From the increase of society, most of the good old stock of hereditary and exclusive ROUTINISTS have ceased. In Anglo-Cambria some miserable samples and scions of born-doctors and hereditary apothecaries still flourish, out of "Druical" respect for their fathers and grandfathers before them, but, as Dr. Selwyn says, "wherever sons follow fathers in the profession of medicine, fools are uppermost, and it is at a low and dark ebb;" which is amply demonstrated in a certain Anglo-Welsh county. The powers of hereditary brains, and the effects of breeding in and in, have been clearly exhibited in the wretched results of hereditary professorships at Edinburgh; but these, by the destruction of the old and infamous town-council, and we glory in it that we helped to strike the death-blow, since 1832, have been put a stop to by the new and more honest municipality.

We will suppose that a gentleman has received a complete education, general and professional; *that* education has extended over a period of twelve years; and *that* he has received the *summi honores* of the University Schools of Medicine. Now, suppose *that* this gentleman, after a great expenditure of time and money, becomes a candidate for private practice in a great provincial town or watering-place, the usual resorts of a physician, at the same time with some equivocal "doctor," and an "apothecary," both as illiterate as they have been described in certain well-known instances, which suggest these hints to us; in this case, we assert that the man of superior education, provided he has the natural genius for medicine to boot, instead of being outstripped by these two *fan farons*, (*Fr.* for "boasters and bullies,") has a distinct claim, right, and title to a *fair share* of practice and professional emolument at least. Of this there could be no doubt in any rational or well-regulated state of society. If we look at medicine as at all analogous to any other art, the better a man is educated, who has a NATURAL GENIUS for medicine, the better qualified will he be to practise it; the greater is the security, indeed the only security the public can have. It is really a farce to suppose, that there could be such a preponderance of superior talent, or original genius, in two men, who had not one-twelfth part of the supposed parts or education, nor could it be possible for an inferior doctor or apothecary to excel him, nor for his education to be sufficient for the routine of cases, so uniform and simple as those of a spa. But we repeat, OVER and OVER AGAIN, that so great is the ascendancy of the "Astutia Medica" over the art itself, that, in ninety-nine cases out of a hundred, in provincial practice, the claims of a man of superior education and qualifications are disallowed, and mediocrity and inferiority exalted, perhaps in the person of some woodman, like Molière's "Mececin malgre lui," who, even his friends, *will* admit, does not depend on *his education*, but, that is art, as they say, upon the force of his own natural *genius*, that is, his native ignorance, which, they add, is better than any education. We know very well, that a low flight

of successful competitors always endeavour to prepossess their weak-minded partisans and patients with the absurd notion, *that* education does not make physicians and surgeons; *that* talent, early cultivated, application long continued, and learning well grounded, are of no use, indeed disqualifications, and men and women swallow this cat-lap. To qualify our language, and observe our candour, we must state here, that we are aware of the discriminations, in respect to learned physicians, of the eminent Professor Tiedeman, of Heidelberg, and Professor Rust, of Berlin, who was commissioned by the late wise King of Prussia to examine and report on the state of the profession in Prussia. They show that skill in physic does not inevitably follow learning; the ignorant and prejudiced take the exceptions for their rule, but we consider that the whole question turns on this point, "whether a man of learning has, or has not, combined with it *natural genius* for the art of medicine?"

We shall dispose of these monstrous paradoxes; we shall let the light of intolerable day into these noodles and doodles, who go preaching this sophistry and scimble-scamble stuff to the GREAT and LITTLE VULGAR, to make them more ignorant, more prejudiced, and more blind than they already are. Under the head of SKILL, we shall clearly point out to those "who cannot discover the uncunning from the cunning," as the Act phrases it. The outward, visible, and distinguishing signs, by which the MAN OF GENIUS, SKILL, and TALENT, can be distinguished from the ROUTINIST, or the man of MEDIOCRITY and INFERIORITY, beyond the power of any Solon, or Solomon, who has been *five years in a shop*, and *two half-years* walking a hospital for his education, to contradict or confute one word that we say!—It is impossible for the people, as Lord Bacon says, ignorant of medical science as they are, having no standard or test to judge by, even to distinguish the comparative talents of medical men, without some plain and clear metaphysical guide, which they have never yet had. But if we are to look at medical education as nothing more than a knowledge of common cases, then a boy who has been twelve months with a COUNTER-SURGEON, and observed the common routine of a regular's practice, may detect a pleurisy, and bleed him like Sangrado, as well as a better man, unless he confound it with a pleuralgia or pleurodynia, as is *usually* the case, though they are quite different modes of morbid action; as we once saw a counter-surgeon's apprentice make an application to the eye of a country-squire, a family connexion of our own, and extinguish his sight for ever! Then it may be sneeringly asked of us, "why men, as we suppose, of real skill and probity, true concaves, and eagles in their profession, do not succeed against Cylindricals, Astutes, Sciologists, Systematists, Routinists, Num-skulls, and Paper-skulls?"

Professor Gregory has answered that question, than whom a more perfect gentleman and physician never existed. Men of genius, talent, and real skill, make least boast of their performances in the way of cures.—It is natural to ingenuous and lofty men to despise boastings, base artifices, and intrigues. They prefer rather to be outstripped by the little dirty plots, stratagems, and spoils of minor vermin, than stoop to have recourse to these vile weapons in their own defence, or by way of retaliation. They will not boast and bribe needy wretches to blow off this or that cure, half a lie and half a truth; they will not noise them over all the country side by every scandalous means, and the stinking breath of the common herd. They do their best, and leave the just, impartial, and unprejudiced, to form their own

REVIEWS.

The Proper Administration of Blood-letting, for the Prevention and Cure of Disease.
By HENRY CLUTTERBUCK, M.D. Highley.
8vo. Pp. 125.

THE results of extensive personal experience of the value of any remedy, or class of remedies, will always be thankfully received by the profession, and provided the observer be intelligent and unprejudiced, any work embodying such observations is calculated to be one of a highly popular character. It unfortunately happens, however, in the present instance, that the author of the work before us has a pet theory to support, which has set its stamp on all his inquiries, just as a man who, looking through green spectacles, sees every object tinged with that colour. Take an extract from his very first chapter, entitled "General Observations on Blood-letting," and we find one of those startling assertions Dr. Clutterbuck so frequently indulges in, which, though destitute of anything like proof, are calculated to take effect on the mind and practice of the reader, from the confident manner in which they are made.

There are, indeed, few diseases in which, at some periods, and under some circumstances, it may not be used with advantage, either as a palliative or curative means. A great number of diseases are speedily brought to a termination by the early use of this remedy, which, without it, are apt to run a protracted course; thereby inflicting much, and unnecessary, suffering on the patient. On various occasions, life itself is brought into immediate hazard by the neglect of this essential means of cure; and still oftener does it happen that, by such neglect, a foundation is laid for chronic maladies, of different descriptions, that are not less fatal in their result, though the termination is sometimes so remote that the primary affection is apt to be lost sight of: a large proportion of the fatal cases of what is called *decline*, or pulmonary consumption (a disease so destructive among all ranks in the present day, and that at the most interesting period of human life), is clearly traceable to this source—the neglect of early blood-letting; all other means being of trifling import compared with this. Dropsies, too, and *confirmed asthma*, as it is called, and a hundred other chronic maladies that render existence miserable, and ultimately destroy life, are often referable to the same neglect.

The work is a series of lectures, which have been delivered to the pupils at the General Dispensary. The second lecture contains a tolerably full and fair history of blood-letting. The third—the general effects of blood-letting on health. The fourth treats of the *ratio medendi*, in which we find very little, either new or true. We then have a lecture on the different modes of blood-letting, and the author goes on to speak of the quantity of blood to be drawn. We think it as well to give an extract from this chapter, that our readers may judge of the extent to which Dr. C. rides his hobby.

July, 1836.—Mrs. M., whom I saw in consultation with my friend Mr. Coward, has suffered various attacks of inflammation at different periods, for some years back. The uterus, the chest, and (later) the brain, have all been affected in turn, and with so much violence, as to call for frequently-repeated blood-letting, which has always been productive of great, though only temporary, relief. A minute account has been kept of the different bleedings she has undergone, from which it appears that she has been bled 58 times in the arm, and been cupped 5 times; the quantity of blood taken at a time varying from six to eight, to ten or twelve ounces; besides which, she has had applied, at different times, at least 1000 leeches. Her complexion, after all this loss of blood, is not remarkably pallid, nor is she much emaciated, al-

though her diet has been of the simplest and scantiest description. For the last year or more she has (with very few exceptions) subsisted solely on Scotch oatmeal, a few teaspoonfuls at a time, taken in the dry state, and washed down with water or weak tea, the stomach refusing all other food.

I saw lately a young and generally healthy man, who, on account of disordered action of the heart, which was supposed to originate in inflammation, had been bled five times in as many days—to the extent of two pints on each of the two first bleedings—a pint and a half on the two succeeding ones—and a pint on the last occasion. This quantity seemed to me to be unnecessarily large; and, in fact, it had not accomplished the object aimed at—that of quieting the disordered action of the heart. This, however, was effected in the space of two or three weeks, by the use of small doses of opium, with a moderately nutritious diet. No *oedema* of the extremities followed, nor other inconvenience, and the patient soon recovered his ordinary strength.

It may be as well also to give the grounds of objection which are urged against Dr. Hall's method of regulating the quantity of blood to be taken.

Before quitting this part of our subject, I cannot avoid adverting to some late attempts that have been made to lay down precise rules for the safe and effectual administration of blood-letting, because they appear to me not sufficiently in accordance with general experience, and liable, if acted upon, to lead at times to dangerous results. I feel myself the more called upon to do this, on account of the distinguished rank which the author holds in the profession, as well as from his being a teacher in one of the most respectable medical schools of this metropolis—circumstances that cannot fail to give considerable weight to his opinions. The rule he lays down is thus enunciated:—

"If, in any case, we place the patient upright, either sitting or standing, and bleed to incipient syncope, we abstract precisely the quantity of blood which the patient will bear to lose, and also which the disease requires to be withdrawn for its relief." "These two facts," it is added, "are precisely commensurate with each other; so that to bleed to incipient syncope is to bleed precisely according to the exigencies of the case." Nothing can be more simple or intelligible than this, and nothing, certainly, more important in regard to practice, if well founded; but this I am disposed to question.

There are here two distinct propositions, either of which may be true or false, without affecting the other. The first is, that an approach to syncope (where the patient is bled in the erect posture) is a test of the quantity of blood that he can bear to lose; or, in other words, that may be drawn with safety, or without danger to life. This may be, and, generally speaking, probably is true; but I know of no sufficient proof derived from actual experience of its being so. It is plain that such a fact could not be established by previous reasoning, or upon physiological grounds. Nothing but actual observation, and that upon a large scale, or else direct experiment, could establish such a point. But it is not, and has not been the custom to bleed patients in this manner; so that nothing like general experience can be appealed to in its behalf. As little can it be imagined, that it is in the power of any individual to institute a sufficiently extensive series of experiments on such a subject; and it is a matter of too great moment, practically speaking, to be admitted on narrow or trivial grounds. It is not known what quantity of blood the system will bear to lose consistently with life, the quantity probably differing greatly in different individuals. But it is certain that very different quantities may be lost before syncope occurs, this depending not merely upon the posture in which the patient is placed, but upon the manner of drawing, and the rapidity with which the blood is taken, as before stated. The approach of syncope, therefore, can never afford a precise rule for our guidance, unless it could be shown that quantity has no influence in the production of that state. It is far from certain that actual syncope can at

opinions of their merits. And what have we heard, actually heard, the well-judging reply: "The empiric and enthusiast are not upon so good a footing as the scholar and physician; the *first* act upon UNCERTAINTIES, the *latter* upon SURE RULES and OBSERVATIONS!"

Why, then, are men of talent, you will wonder on, so backward in the favour and confidence of watering-place lords and ladies, and the pinks of fashion, taste, and levity? For these reasons,—intellect, in these spheres, is a cold light shining on a wintry snow, and regarded by the superficial, insane, and frivolous class, as an incendiary throwing a firebrand among foxes:

"So false their censure, so fickle their esteem,
This hour they worship, and the next blaspheme."

EXTENSIVE EFFUSION INTO THE PERICARDIUM.

JOHN HUGH, æt. 20, admitted in May last, with pleurisy. Up to this time he had laboured under anasarca, and the various symptoms of effusion existing in the cavity of the chest. On percussing the right side, it gave a dull heavy sound, and by the aid of the stethoscope, when the patient was in an erect posture, a sound resembling water dropping from above could be heard. The sounds of the heart were deadened. The usual remedies had been had recourse to, with perhaps temporarily causing absorption of some part of the fluid. He died suddenly. Upon cutting through the diaphragm on the right side, a great quantity of serum rushed out, amounting to some pints. This had been effused from the costal pleura, which, ulcerated to a great extent, had thrown out recent adhesions. The presence of this fluid had caused the lung to be compressed to half its ordinary size. On the left side the pleura and lungs, unaffected during life, appeared healthy, there being only a slight effusion. The pericardium, however, took up as large a portion of the chest as the lungs themselves. It was found to be enormously thickened and filled with three pints and a half of a clear yellowish fluid. Deposited around the heart, and affecting its substance, was a layer of fibrine, nearly half an inch in thickness, firmly adherent, and in folds resembling the stomach of a cow. Independent of this extraneous matter, the heart itself did not seem larger than ordinary, nor was it diseased internally. The abdominal organs were healthy.

A. B.

Millman Street, August 15, 1840.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 22nd August, 1840:—

Epidemic, endemic, and contagious diseases	185
Diseases of the brain, nerves, and senses	157
Diseases of the lungs, and other organs of respiration	212
Diseases of the heart and blood-vessels	12
Diseases of the stomach, liver, and other organs of digestion	92
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	1
Diseases of uncertain seat	112
Old age, or natural decay	56
Violent deaths	25
Causes not specified	1

Deaths from all causes

875

all times be induced without danger to life; nor can we regulate its approach with any certainty. A person, it is well known, will bear to lose a much larger quantity before he faints, when the blood flows slowly, than when it is rapidly drawn. The drawing it slowly is much the same, therefore, as if he were bled lying down. If, then, as the author admits, it be dangerous to bleed to complete syncope in the recumbent posture, the same danger is likely to be encountered where the patient is bled slowly while erect; so that the safety of the rule here laid down may be justly questioned.

The author's second position, namely, that "to bleed to incipient syncope is to bleed precisely according to the exigencies of the case," appears to me to be equally untenable, and in opposition, indeed, to almost daily experience. It would seem to be the author's opinion, that the occurrence of syncope is the circumstance upon which the cure depends, and not at all the quantity of blood lost. It is true, doubtless, that during the state of syncope the diseased as well as the healthy actions of the system are suspended; but this suspension is in general only temporary, the diseased action being renewed as the patient recovers from the fainting state, and not seldom with all its former violence. This is especially likely to happen where fainting comes on when only a small quantity of blood has been lost. The occurrence of syncope, therefore, and still less an approach to it, is not a precise measure of the quantity of blood required to be drawn for the relief of any particular disease. Many diseases cannot be cured without repeated abstractions of blood; nor is the necessity for these lessened in such cases, by the occurrence of syncope, which, indeed, contrary to what is here stated, takes place more readily on the first bleeding than on the subsequent ones. The rule is objectionable, too, in another respect, as leading, in many instances, to an unnecessary waste of blood. The abstraction of eight or ten ounces of blood, for example, will often suffice for arresting the progress of inflammation, without the least tendency to syncope being perceived; so that the disease will immediately begin to decline, and at length go off altogether, without any farther loss of blood, though several days may perhaps elapse before the disease wholly subsides. By carrying the bleeding, therefore, to the extent of inducing syncope in every case, as here suggested, an unnecessary quantity of blood will often be lost—a thing always to be deprecated.

After a few remarks, not made in a fair spirit, with regard to the evils resulting from excessive losses of blood, Dr. C. proceeds to speak of the use of blood-letting in the treatment of different diseases. He first speaks of it as a remedy for inflammation in general, and then proceeds to the diseases of the respiratory organs, and the organs of circulation and nutrition, in gout and rheumatism, and in diseases of the nervous system; and he then passes to a point on which the mind of the profession is scarcely made up, even in the present day. We allude to the use of blood-letting in fever; and we especially notice this subject, as it is true that Dr. Clutterbuck carries his extreme opinions to their utmost, "out Herod's Herod." He begins by stating that "there is no febrile state of the body, that is, not traceable to inflammation as its source; by removing the cause, we are most likely to remove the effect at the same time.—Idiopathic fever is always, and essentially, a topical affection of the brain; and it consists in inflammation of this organ, as its immediate or proximate cause—the symptoms essential to the disease refer themselves to the brain as its seat, and to inflammation as the cause." We hardly expected to meet with such assertions as these in 1840, and as it is on this foundation that our author builds his practice, it may be as well to show their futility, in order to check a mode of treatment, which, as Fordyce well observes, "while it lasted, destroyed more men than fell in battle during two dreadful wars that raged within that period in Europe."—Of 521 cases of fever,

which proved fatal in the London Fever Hospital, in 163 there was no apparent disease in any organ, while only in 114 was the cerebral lesion the principal one. Andral states that the traces of disease in the nervous system under fever are "few and slight." Chomel gives thirty-eight cases marked by delirium, yet the brain and its membranes were perfectly healthy in 15. But it is needless to multiply instances—the contagious nature of fever—its existence without local disease—the want of proportion between the intensity of its symptoms, and the extent of any local disease that may be present—the cessation of fever by crisis when local disease is at its greatest height, with many other reasons which might easily be adduced, are quite sufficient to prove that fever is a primary disease, and that any complications which occur during its course are consecutive. Besides, the question of bleeding can be readily solved, by referring to the records of experience, and on consulting the works of Sydenham, Huxham, Pringle, Lind, Smyth, Fordyce, Hunter, Andral, Louis, and Crurveilheir, we find quite sufficient evidence to prove the murderous nature of Dr. Clutterbuck's precepts. Thus Andral bled 74 cases, of whom 35 died, and of 52 cases cited by Louis, 39 who had been bled died. Taking Dr. Clutterbuck on his own ground, of the 14 cases he cites, wherein he practised free depletion, 3 died, and in 1 the disease ran on its course. This surely is not successful treatment.

But it is not only in fever that Dr. Clutterbuck advocates unsound theories in support of a favourite, but dangerous therapeutic agent. Speaking of insanity for instance, he says, "it may be concluded that the paroxysms are the result of temporary arterial excitement of the brain; while the disposition, or predisposition, is founded in a morbid change of structure, the result of inflammation, or of hereditary disease." Why Pinel, Esquirol, and others, have given hundreds of cases where not the slightest cerebral disease could be detected.

The concluding lectures are on the use of blood-letting in hæmorrhage, dropsy, diseases of the organs of sense, in specific diseases, in hydrophobia, cancerous affections, scrofula, asphyxia, and the consequences of inflammation. Making in all twenty-four lectures, written in a lively and forcible style, though, as will appear from our sketch of the contents, the method of arrangement is far from perfect. Notwithstanding the incalculable mischief which any one must necessarily effect who blindly follows the precepts inculcated in this work, we recommend it to the careful study of those who have not clear and definite ideas as to the necessary and proper administration of a powerful but dangerous remedy; and do so, because it contains a good account of the benefits supposed to result from the boldest application of the practice, with all the cases in which its employment has been recommended; and if the reader do but bear in mind the partisan station the author assumes, we very much doubt if this work will not do more to check the practice Dr. C. so lavishly recommends, than anything that we could urge, or than anything which has been published by his opponents.

The Naturalist's Library. Conducted by SIR W. JARDINE, Bart., &c. MAMMALIA X. Dogs. Edinburgh. Lizars.

A BEAUTIFUL volume upon an interesting subject. The introduction affords a number of anecdotes, displaying the well-known sagacity of the Dog, his intelligence, affection, and fidelity. Prefixed to the work, we have a memoir and portrait of an enthusiastic and successful labourer in the fields of Natural History, but

one who, before the appearance of the present volume, was but little known in this country, —*Don Felix D'Azara*,—a Spanish officer; during a long residence in South America, without previous education to fit him for the task, he undertook to describe the various productions of that magnificent country. His laborious devotion to the subject he had chosen enabled him to complete his researches, and to produce a series of works which will extend his fame as their value becomes recognised. His figure and countenance, in some respects, resemble those of our own Captain Cook, and in the characters of the men we recognise several points of resemblance.—The style of the volume is adapted to the subject, and the matter is arranged to afford assistance to the student in Natural History, while it is sufficiently popular to interest the general reader. But the most striking feature of the book, perhaps, is the great number of beautiful plates. In all there are thirty-eight, the majority of them being coloured. The great expense incurred in the production of the work, can only be repaid, at its low price, by a very large sale. This we are sure it will obtain, it being only requisite that the public should see a volume, for the merits of the work to be at once recognised and rewarded.

On Diseases of the Eye, and their Treatment, Medically, Topically, and by Operation.
By F. TYRRELL, Esq., Surgeon to St. Thomas's Hospital. Churchill.

[Second Notice.]

VOLUME the second commences with Amaurosis, including all Affections of the Nervous Apparatus—Retina, Optic Nerve, and Brain; but the arrangement, as well as the principal matter, have been previously published in the 'Cyclopedia of Surgery.'—In reference to diseases of the choroid, Mr. Tyrrell considers the evanescent and fixed muscæ, of grey or dark character, to result from affection of this texture or its vessels, and states that the temporary disturbance of vision, so common in persons engaged in work which requires continued exertion of sight for minute purposes, depends on congestion in this tunic. Further, he describes inflammation of the choroid, and the symptoms which indicate such disease, and render it distinct from other ocular affections.—The opinions advanced on diseases of the choroid are supported by cases, but further post-mortem examination is wanting to establish the correctness of them.

Speaking of affections of the retina, Mr. Tyrrell states that sparks, flashes, colours, &c., indicate disease of the retina, and distinguish it from disease of the choroid. It is a matter of great importance to be able to recognize these diseases at an early period, and although we think some good grounds are shown for the opinions advanced, we must not too hastily admit them as altogether correct. Mr. Tyrrell then proceeds to treat of the affections of the remaining portions of the organs of vision, sometimes with more, sometimes with less ability, and not unfrequently without any ability at all. As might be expected, and as we have shown, the work has many good points, but is so impregnated with the constitutional egotism of the writer, as to be materially injured as a literary and scientific production. It is expensively illustrated, and expensively printed, and therefore a price is charged which will add another serious obstacle to its general circulation. Should it ever, in the fullness of time, reach another edition, the author will do well to correct the many errors which he is by this time aware that it contains.

Portrait of Robert Liston, Esq. By C. TURNER, Esq., A.R.A.

THIS mezzotint affords a good illustration of the power of the artist to elevate and intellectualize a commonplace countenance, without sacrificing the fidelity of the likeness. Mr. Liston's forehead is a striking one, but Mr. Turner has, with his usual talent, invested it with *mind*. Mr. Liston's operations have gained him many admirers, and to them this portrait affords an opportunity of decorating study or surgery with the counterpart of this well-known and dexterous surgeon.

THE WARBURTONIAN "CONFERENCE."

To the Editor of the 'Medical Times.'

SIR,—In your editorial remarks on the "Last Juggle of the Session," towards the conclusion submitted to your readers, that "Dr. Webster," I presume of the British Medical Association—"has egregiously misled the profession, by proposing at the late Southampton Meeting of the Provincial Medical Association, that application should be made to Mr. Warburton for the purpose of knowing his views and intentions with regard to medical reform."—I do not think, sir, you have been rightly informed—I say informed, because had any one correspondent of your paper been present at the transactions of the Joint Committee of the Association, he would have known that Dr. Webster was averse to the second resolution, containing the motion quoted above, but the majority of the Committee thought *one* more application to the Honourable Member might be useful.—Dr. Webster, if I might gather his meaning from the words of the Report to the Council of the Association, of which he is president, thinks as you do, sir, that *delay* is the only thing likely to result from an application to Mr. Warburton.—This, sir, you will perceive, if you look to the words of the Report alluded to, when he, Dr. Webster, regretted to say that he feared Mr. Warburton's proposed measure (if ever introduced,) would, from what the Honourable Member had stated to a deputation of the British Medical Association, neither protect the public from ignorance and imposture, nor satisfy the just and moderate expectations of the profession. He therefore looked to public opinion, and to the united efforts, and the moral strength of the many associations which now exist, to effect that which has been so long neglected by legislators and the government. I think, sir, you will agree in saying this is not the language of one who would take pains and solicit an interview with Mr. Warburton, which in the end can only lead to nonsensical humbug, and frivolous delay.

With your leave, now I am addressing you, sir, I may as well remove your doubts as to whether the "Honourable Gentlemen *collectively* had a *single* bill ready." Mr. Warburton had a Bill in his possession I can vouch for, but as to his intentions of presenting it, or acting on the provisions of, I cannot take upon to say; his career is best known to himself, and I should think *well guessed at* by others.

By inserting the above, you will but render justice to Dr. Webster, who certainly deserves well at the hands of Medical Reformers, for his indefatigable zeal in its promotion; and, in the spirit of this feeling, I hope to read this letter in your forthcoming journal, and beg to remain, your constant Reader,

H. B.

NAVY.—Appointed to the Medea, Mr. Isaac Noott, Surgeon; Mr. S. W. Webb, Assistant-Surgeon.—Henry Parkin, Esq., Surgeon, Royal Marine Infirmary, to be Deputy-Inspector of Hospitals at Woolwich.

CASE OF MALFORMATION.

To the Editor of the 'Medical Times.'

SIR,—Should you think the following worthy a place in your periodical, you may insert it, and in *confidence* I add both my name and the name of the patient, but I should not like them to be published, as your paper finds its way hither, and the feelings of the parents might be hurt on hearing of it. [Here follows the name of our correspondent, a surgeon, late R.N., and the names of the parents.]

Stalmine, Lancashire.

August 28th, 1840.—Called to attend the wife of J. M., aged about 30, in her fifth lying-in. The foetus came away with slight effort, and the placenta followed in a reasonable time; the child was dead, and presented the following appearance. The head, which was nearly twice the size of nature, was entirely without bone, but looked like a bladder half filled with water, but the eyes, nose, and mouth fully developed; its hands proceeded immediately from the trunk; it had no femur on either side, and its feet, as well as hands, were turned outwards, exactly like the fins of the turtle, called by seamen flippers; the hands and feet are perfect in form;—it has no cervical vertebræ, and the chin is attached to the upper part of the sternum, without any space for a neck; it is a boy, its size that of a foetus of about six months. Her two first children were something similar to this. The father and mother are good-looking young folks, and descended from very healthy parents.

RAPID METHOD OF PREPARING HYDRARG. CUM CRETA, &c.

To the Editor of the 'Medical Times.'

SIR,—*Pil. Hydrarg.* is one of the most important medicines in the 'Pharmacopœia,' but the present mode of preparing it is so tedious and uncertain that, it is scarcely ever uniform in its strength, and consequently it must continually deceive and disappoint the practitioner.—Now, Sir, I have discovered a mode of reducing the quicksilver, or killing it, as we say in Yorkshire, which renders the preparation easy, certain, and always uniform, which I beg to communicate to the profession through the medium of your valuable Journal. The same process of dividing the silver is equally applicable to the Ungt. Hydrarg. and Hyd. Cum Creta.—The mode I adopt is in dividing the silver with oxygenated stearine, and this is found in its purest and best form in the London mould candle. Why in the *London* mould candles? Because they are made of the purest mutton suet, washed and then pressed, the oleine exuding; the stearine is then exposed to the atmospheric air, and made into candles, *and in this state* it is ready for use.—Now, Sir, you will probably say, why not prepare the stearine yourself, in this manner? My answer is, it is impossible to produce the same article but by the same *extensive* and *tedious* process; and when you can obtain it so readily in this form, it would be a work of supererogation; I might as well attempt to make Barclay's porter in a tea-kettle.—My process and formula is as follows:—Take *stearine*, (London mould candle, separated from the wick) 5j, rub it until it assumes the appearance of cold cream, then add 5iv of quicksilver, and in ten minutes it will be effectually reduced. To these, add *Contectio Rosa Rub.* 3ij, fine flour 3iij, and powdered Gum Arabic 5j, Otto of Roses, gutta j. These will form a mass superior in every respect to the Pharmacopœia. The Liquorice Powder ordered by the Pharmacopœia is of no medicinal value, merely a fibrinous, woody powder, and seldom

genuine; whereas the flour and gum Arabic give a farinaceous and glutinous consistence to the mass, which you cannot obtain with the glycerhiza; this is the exact strength of the *London Pharmacopœia*. The *Ungt. hydrarg.* is made in the same manner, adding the hog's-lard to the stearine and silver, according to the Pharmacopœia. The Hyd. Cum Creta I make thus: Stearine, half a drachm; Quicksilver, four drachms, adding the creta gradually, after the silver is reduced. The stearine does not interfere in the slightest degree with either the effect or appearance of the preparation.—These remarks are the result of a series of experiments, and well worth the attention of the profession.—I am, Sir, most respectfully,

W. WRIGHTSON.

7, Spring Street, Hull.

[The proposed method effects a very great saving of time, but the powder has an objectionable smell.]

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, August 21, 1840.—Edward Kearney; Frederick W. Barton; George Cordwent; William T. Chorley; John B. Gibson; Henry Inglis; Edward Monks; Alfred J. Simkins; James Gleadall; John Galt.

AUGUST 25.

Augustus P. Lockwood; William Adam Maiben; Richard F. Stott; Samuel J. Burch; Stuart K. Rea; William P. Beloe; Henry Giles; Richard Gilbertson; Francis Wright; John G. Phipps; John Ellis; Thomas Guy.

AUGUST 28.

George H. Gordon; George Birch; Thomas C. Wood; William H. Ashley; Samuel D. Downing; Charles Richardson; Charles H. Claridge; James Wotton; Richard Thomas; John Warner.

AUGUST 31.

William Barker; John Murphy; John Ewing; William Richard Glennie; George Kemp; Alexander Robertson; Rowland H. Mackenzie; John Harrison; William Henry Edwards; David Stewart; George Henderson.

ROYAL QUACKS.—The history of the Royal touch, for scrofula, is a striking exemplification of the effect of faith. This ceremony was a religious one, a number of prayers from the Liturgy were employed; it was performed on appointed days, in the presence of the whole court, the King sitting on his throne, and after touching the diseased parts with his uncovered hand, or, as others say, stroking the patient's face or cheeks with both his hands, he usually put a white ribbon round the neck of the patient, to which was appended a gold coin. A second touch was always supposed to be effectual, provided persons had sufficient faith in the operation; for it was observed that Dissenters and Puritans were not healed, and also the disease returned where the patients sold or parted with the gold.—The royal gift (a monkish invention, to increase the reverence for Kings,) was first practised in England by Edward the Confessor, and was continued for 640 years. Charles II. from May 1660 to 1686 touched the almost incredible number of 92,107, at the average of twelve every day! No doubt many were healed, though it should be remembered that part of the duty of the royal physicians and sergeant-surgeons was to select such patients as evinced a tendency towards recovery, and that they took especial care to choose those who approached the age of puberty.

Professor Müller, of Gottingen, died at Athens on the 1st of August, of fever, caught at Delphi, from indiscreet exposure to the intense heat of the sun.

ADVERTISEMENT.

A MANUAL for the COLLEGE of SURGEONS.

By J. STEGGALL, M.D., and Mr. W. HILLES.
This work contains, in a condensed form, the most important and interesting points in Anatomy and Surgery, and is intended to be an ample guide to Surgical Examinations.

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Monthly Magazine.

"This book will undoubtedly help a man through the College, and, what is far greater praise, may teach him something afterwards."
Medical Times.

London: JOHN CHURCHILL, Princes-street, Soho.

PULMONARY CONSUMPTION.—Just published, price 3s.

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These Lectures will be recognised by the Royal College of Surgeons, and Apothecaries' Hall.

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THE Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three Kingdoms, to Paris, Germany, the Colonies, and all America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. THE PERMANENCY DERIVED FROM ITS PROFESSIONAL AND SCIENTIFIC CHARACTER, AND THE CIRCUMSTANCE OF THE ADVERTISEMENTS BEING CONTAINED IN THE BODY OF THE WORK, AND THEIR NOT BEING INSERTED ON A TEMPORARY WRAPPER, renders it, as a medium at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North, Strand.

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The following is the Order of Study to be adopted during the ensuing Winter Session, which will commence on Thursday, the 1st of October, at Twelve o'clock, when an Introductory Address will be delivered by Mr. TURNER.

Anatomy and Physiology (Human and Comparative) and Pathology; by Mr. TURNER.

(The Introductory Lecture will be delivered on Thursday, the 8th of October, at Twelve o'clock.)

Anatomical Demonstrations; by Mr. STEPHENS and Mr. STOTT.

Assistant Demonstrator and Curator, Mr. W. Smith.

Superintendent of Practical Anatomy, Mr. J. H. GREY, Senior

Anatomical Medallist for Session 1839-40.

Principles and Practice of Physic; by Dr. J. L. BARDSLEY.

(Introductory Lecture on Friday, the 2nd of October, at Twelve o'clock.)

Materia Medica, Medical Botany, and Therapeutics; by Dr. NEWBOLD.

(Introductory Lecture on Friday, the 2nd of October, at Seven o'clock in the Evening.)

Principles, Practice, and Operations of Surgery; by Mr. RAN-

SOME.

(Introductory Lecture on Saturday, the 3rd of October, at Twelve o'clock.)

Principles and Practice of Midwifery, and the Diseases of Women and Children; by Mr. HEATH.

(Introductory Lecture on Monday, the 5th of October, at Twelve o'clock.)

Chemistry; by Mr. DAVIES.

(Introductory Lecture on Tuesday, the 6th of October, at Twelve o'clock.)

Anatomy, Physiology, and Pathology of the Eye; by Mr. HUNT.

(Introductory Lecture on Tuesday, the 6th of October, at Seven o'clock in the Evening.)

General Pathology; by Mr. STEPHENS and Dr. AINSWORTH.

(Introductory Lecture on Wednesday, the 7th of October, at Twelve o'clock.)

SUMMER SESSION.

Forensic Medicine; by Dr. BLACK.

Botany; by Mr. JUST and Mr. WOOD.

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TO THE MEDICAL AND SURGICAL PRO-

FESSION, CHEMISTS, &c.—Mr. TARRANT begs to inform the Public, more particularly the Medical and Surgical Profession, that in consequence of Mr. W. S. DREW having entered into other Engagements, which will prevent his continuing the Agency of his new Adhesive Bandage and Strengthening Plaster, he has appointed Messrs. R. WESTWOOD and SONS, Chemists, 16, Newgate-street, who will in future be the Sole Wholesale Agents for the supply of the Plaster, under the name of TARRANT'S BANDAGE and STRENGTHENING PLASTER, as lately prepared by Mr. W. S. Drew, Union-court, Broad-street.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

MEDICAL SKETCHES.

KING'S COLLEGE HOSPITAL AND MR. FERGUSSON.

HEARING that the "new Professor" was to operate on Saturday, the 5th inst., at one o'clock, we directed our steps towards that edifice in Carey Street, overhanging the graveyard, which was

"Begun in folly,"

and will, we venture to predict,

"Be closed in tears."

After passing through a long corridor, that would do honour even to the mysterious Udolpho, we arrived at a steep and narrow staircase, large enough to admit of the ascent of one individual at a time, provided he bears considerable analogy, inasmuch as proportion is concerned, to "Pharaoh's lean kine." We were informed that this staircase led to the gallery of the operating theatre, and accordingly endeavoured to ascend. On arriving at the first landing, our attention was attracted towards a window, and as no one had as yet arrived in the theatre, we here took time to pause. Immediately beneath this window lies the burial ground, whose graves have more than once "thrown up their dead," and, while looking upon the prospect before us, we could not help reflecting on the strange transitions to which the disciple of Esculapius, above all other men, is liable! How, in the brief space of "a little moment," we had been transplanted from the din and bustle of those busy haunts of men 'Fleet Street and the Strand' to the refuge of the sick, to the groans of the dying, to the solitude of the tombs! In glancing round the boundaries of this burial place, which are composed of a slaughter-house and houses tenanted by human beings, on every side except the north, which is merely railed in, we observed a cat, by the side of a tumulus, dragging a white rag along in its mouth, and not far from this were too small cur dogs busily intent upon bones, which evidently contained something more than the earthy deposits, but whether they were human, or were merely thrown from some of the adjoining windows, we are unable to say. However, there the dogs remained, until they were reluctantly compelled to depart by the application of the grave-digger's spade to their backs!

"We saw the lean dogs beneath the wall,
Hold o'er the dead their carnival,
Gorging and growling o'er carcass and limb,
They were too busy to bark at him."

What a delightful and consoling prospect was this for a sick or a dying man to look upon! Oh! what profound wisdom, what glorious philanthropy, what pious commiseration must dwell in the bosoms of the enlightened projectors of this doomsday hospital! Of course they were "jobbing and poverty-stricken Whigs," who chose this peculiarly happy situation for an asylum for the sick, in order that they might be able to economise and save the expenses of carrying the dead to any distance; for here they can lower them from the window to the grave without further trouble? But is this true? Oh, no! Infallible, unerring, consistent Tories, to you, and to you alone, belong the honour and glory of this *chef-d'œuvre*! As a crowning stroke to the whole, we would recommend the Council to have the cypress and willow thickly planted along the tombs to garnish them, and which, in course of time, might form shady walks, and cool retreats, for their botanical pupils, and convalescent patients, if

they will be ever blessed with any. There is no saying how far these profound savans may go in their works of wonder; for our own part we should not be at all surprised some fine morning to find the tri-coloured flag waving over the hospital, bearing the following inscription, "Edited" by Dr. Todd:

Oh! Graves where are thy victories!
O, Death where is thy sting!"

It has been sagely remarked, that

"Between the Throne and the Scaffold there is but one step."

We have been informed that the King's College edition of the Thirty-nine Articles contains the following pithy and wholesome parody on the above:—

"Between the Hospital and the Tomb, there is not one step."

The students were now beginning to appear, and in order to have a good view of the operator, we took our stand in the first or lowest row of benches. In a very few minutes Mr. Fergusson entered the theatre, accompanied by Dr. Todd, and shortly after, the first patient, an adult female, was placed upon the table.—She was labouring under a painful enlargement of the bursa, situated on the head of the tibia, which prevented her from walking. Mr. F. made a perpendicular incision over the centre of the patella, through the skin, about two inches and a half in length, and had some difficulty in dissecting the cyst from the adjoining skin, to which it was closely and firmly adherent. The operation was, however, completed in two minutes, and the operator remarked, although he had often removed larger tumours, he had never met with one where the cyst was so large as that in the present instance. The lips of the wound were brought together, and united by three sutures, over which was placed lint saturated with cold water.—The next patient was a male child, labouring under white swelling of the knee-joint, and complete atrophy of the leg. It was impossible to save the limb. Mr. Fergusson amputated the thigh by the flap operation, immediately above the insertion of the ligamentum patella. The limb was removed, the vessels secured, and the wound dressed, in the space of three minutes and a half.—The third patient had suffered from fistula in the perinæum for several years, in addition to which he was now labouring under stricture of the urethra, so severe as not even to admit of the passage of the smallest sized bougie. The canal was quite obliterated near the bulb. Mr. Fergusson having in vain attempted to pass a catheter, proceeded to cut into the urethra through the perinæum. Owing to the extreme induration of the parts, he was obliged to cut his way before him, incision by incision, until he opened the urethra; the parts would not yield before pressure of the finger, after the first incision or two, as in ordinary instances. This was one of those troublesome operations which try both the patience and temper of the operator more than others, even of greater importance. We certainly admired the coolness with which the operator bore the delay in getting into the bladder, arising from the above-mentioned causes, over which, he, of course, could have no control, and were pleased with our new acquaintance. Mr. F. is certainly a first-rate operator, and although "comparisons are odious," we could not help contrasting his gentlemanly deportment, and suavity of manner, with the clumsy awkwardness and brusquerie of the URSA MAJOR of Gower Street Hospital.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

MOLLITIES OSSIIUM—FRAGILITAS OSSEUM—
SPINA VENTOSA—EXOSTOSIS; CAUSE AND
TREATMENT—OSTEO SARCOMA.—INJURIES OF
JOINTS—CONTUSED AND LACERATED WOUNDS
—WOUNDS COMPLICATED WITH INJURY TO
BONES; TREATMENT.

Mollities Ossium signifies simply softness of the bones, and is also equivalent to the Latin term *osteo-malacia*, and to the Greek *malacosteon*. The disease I have mentioned to you under the name of rickets, is, in fact, a softening of the bones; that is, the bones affected with rickets are softer in their texture, and possess less power of resistance, than bones in their natural condition. However, under the head of *mollities ossium*, an affection is described which is incidental to the adult, while rickets is a disease occurring in children, or, at all events, usually before puberty.

The causes and treatment of *mollities ossium* are very obscure indeed; the affection itself is extremely rare; and I fancy we may say, we possess no means of checking the progress of this affection where once it has commenced.—This affection, when it takes place, has been preceded and accompanied by severe general indisposition. In a woman deformed in this way, it was found, that after a time, she had lost two feet in height, in consequence of the bending of her limbs. When the bones have been examined after death, they have been found so soft, that they could be cut through with a knife. Perhaps there has been a very thin crust around the bone that has preserved its figure. When cut through, perhaps, an oily kind of substance, of a livid colour, has occupied the interior of the bone. Bones thus affected have been found to contain only a fifth of earthy matter, while healthy bone contains two-thirds of solid earthy matter.

Fragilitas ossium—brittleness of bone. If the structure of bones has been so altered, either in consequence of age, or change produced by disease, that they have lost a considerable portion of their earthy ingredients, and which have been supplied by others of a softer kind, oily or other matters, of course the bones will be less capable of resisting external force, and more easily broken; that is, they will be more brittle. There is no particular state in which *fragilitas ossium* can be found. In old subjects, there is a greater quantity of oily and brittle matter in the osseous system than is to be found during the vigour of life, and thus the bones of the aged are more frequently broken than those of the young. In the case of cancerous patients, as I have mentioned to you, there is sometimes a deposition of the cancerous structure in the bone, the proper constituents of which having been previously removed. In fungus hæmatodes the bones are weakened; their earthy matter is removed, and instead of that, a softer substance is deposited, so that the bones become weaker.

Spina ventosa is a strange name, sometimes made use of in reference to diseases of bones, which I remember having seen often, and about the meaning of which I have puzzled myself. I cannot say that I now know the meaning of it very well. It is a word used by the older writers, and if one looks at the cases they describe under this term, probably it will appear, that they had not themselves any very accurate notion of the disease. It has been described as being an excavation of the bones. It has been supposed to be an abscess of the bones. Probably *necrosis* has sometimes been described under it; and perhaps among more modern writers, the disease it was intended to denote has been described under the term *white swelling*, a very indefinite one. The name *spina ventosa* is

not used among modern writers; and as it is not very accurately defined by old writers, we may as well discard the consideration of it altogether.

We shall find further evidence of the analogy between bones and the softer parts of the body in this respect, that the bones are capable of producing *new adventitious growths* very similar to the tumours which take place in the soft parts. They are capable of producing either in their interior, that is, in their substance, or on their external surface, new substances, varying in composition and other circumstances; and perhaps there is as much variety in the morbid growths in the interior of osseous tumours, as there is in the similar productions that take place in the soft parts. Now those tumours arising in the bony substance, pass under the names of *exostosis*, *osteoma*, *osteosarcoma*.

Exostosis means simply a tumour, arising from or situated upon a bone. Under this head are included not only tumours of an *osseous* nature, but also others, yet you will naturally suppose, according to the law that has been mentioned, that all adventitious growths resemble the texture from which they proceed, that adventitious bony growths would be hard and solid substances. *Exostosis* comprises the hard bony growths which arise from bones; the enlargement of bones from general deposition into their texture, is also commonly included under this term; other tumours arising from or connected with bones of a softer substance, those of a sarcomatous kind, are moreover included under it. I think it will conduce to clearness of description, if we were to restrict the term *exostosis* to growths of a *bony* character.—*Exostosis*, then, is a bony tumour, arising from or situated upon the surface of a bone, and is not the mere swelling of a bone. *Exostosis* and *node* are by no means synonymous. The first is an English term derived from the Greek; the latter is derived from the Latin word *nodus*. *Nodus* means a swelling, such as a knot on a tree or stick; and hence a tumour on a bone has been called a node. Now these swellings of the bone are for the most part enlargements of the periosteum. It may happen, that the bone may also be involved, so that when the swelling of the periosteum has disappeared, some hardness may remain; but still that would constitute a swelling on the bone, and not a case of *exostosis*, although, in older writers, *exostosis* is mentioned as one of the results of the venereal disease, the term being applied to those enlargements of the bone which take place under the venereal disease.—*Exostosis* has been divided into *true* and *false*. A true *exostosis* is a bony growth arising upon a bone; a false *exostosis* is any other species of tumour arising upon a bone. *Exostosis* has again been divided into *periosteal* and *medullary*. The *periosteal* includes those swellings that arise from the external surface of the bone which have been covered by the periosteum, and in the production of which perhaps the periosteum is a good deal concerned. *Medullary exostosis* is that enlargement which has derived its production from the medullary membrane lining the internal cavity of the bone.—Again; *exostosis* has been divided into *cartilaginous* and *fungous*. By *cartilaginous exostosis*, those cases have been denoted which, being in the first instance cartilaginous, ultimately acquire the solidity of bone, having reference to such description of *exostosis* as that to which I have restricted the term. *Fungous exostosis* consists of those swellings developed in a bone which are of a fungoid character—*fungus melanosis*, or *fungus hæmatodes*—that is, a fungus of the bone, an affection totally unlike *exostosis*. According to the restricted use of the term, I consider that only those cases which have been called *periosteal* and *cartilaginous* should be regarded as cases of *exostosis*, the medullary and the fungous belonging to other heads of disease.—*Exostosis*, then, consists of a tumour which, in general, is more or less irregular on its surface, has a knotty feel, and is particularly characterized by its hardness; it possesses the hardness of bone, being completely incompressible and unyielding. Here is an *exostosis* of the humerus, and you see that it has arisen into a tuberculated or knotty substance, not uniform, but irregular; and in this, which is an immense exos-

tosis, you will see that the whole surface is extremely irregular, rising into tubercular masses. The irregularity of the surface, then, and the bony firmness of the tumour, are two leading prominent characters of the swelling. A third essential character is, its immovable connexion with the surface of a bone; the basis of the tumour, in fact, originates on the surface of the bone, and consequently we cannot move the tumour; it seems to be completely identified with the bone. The basis of the tumour is sometimes broad, as broad as the tumour itself; sometimes it is contracted into a kind of pedicle, the basis being considerably narrower than the rest of the tumour.—These growths arise imperceptibly, and increase very slowly. Often a number of years elapse without an *exostosis* acquiring any very considerable magnitude; indeed they are sometimes observed at an early period of life, not growing out of proportion to the general growth of the body. In many instances they acquire a certain magnitude, and then remain stationary, proceeding no further; in other instances they continue to grow on, and their increase is unlimited.—The tumour is perfectly indolent, unattended with pain, producing no inconvenience nor uneasiness, unless it interfere with the functions of any part near to which it may happen to be situated. If its position be such, that in the use of the limb any part is subject to pressure from it, if it interfere with any vessel, nerve, or muscle, then it may produce inconvenience; but independent of these it does not. But if an *exostosis* that grows to a considerable size should be situated near a joint, or should arise in the interior of the pelvis or in the antrum, it is of more consequence; or if in the orbit, a small one there may occasion very distressing symptoms. An *exostosis* arising in any part of the interior of the skull may, of course, prove a very serious source of disease.—All bones of the body are liable to *exostosis*, but certain bones more so than others. Perhaps the femur is one of the most liable; the humerus comes next; the lower jaw next, and then the cranium.—The causes of *exostosis* are very obscure. In some instances they seem to be congenital—that is, tumours of this kind are seen at so early an age, that one supposes they existed at the time of birth. In other instances they come on in old persons imperceptibly, and without any obvious exciting cause. There are some cases in which there is a predisposition in the frame to this disease, particularly in young subjects; you will see in an individual of this description, eight or ten such growths in various parts of the body.—The texture of these growths, although we call them all bony, is different. In general, we may observe that the same law holds good with respect to those osseous productions, as in the original development of the bones of the body. They are first cartilaginous, and then bony. You sometimes find that a tumour in a young subject, when cut through, seems perhaps to be almost cartilaginous, but still exhibits spiculae of bone passing through it in various directions. Sometimes you have a thin osseous shell, with a good deal of cartilaginous substance in the interior. In other instances, where the tumour has existed a long time, and where the individual is grown up, you have cartilage and bone intermixed.—In some instances, the bony tumour acquires the firmest possible structure; indeed, it exhibits the density of ivory, exceeding in compactness any natural bone of the body.—*Treatment*: I fancy that we have very little power of checking the growth of *exostosis*, and that we shall entirely fail by attempting any of the means which have been suggested, such as leeches, lotions, and counter-irritation. I fancy these have no power of checking the disease. I would not venture to say, that in case of a very active growth, indicated by very considerable warmth and heat of the surrounding part, some of these external means might not share a certain degree of effect. The use of *acids* has been suggested, and if we could direct the effects of those acids to the new without touching the old materials, it might be very desirable to use them, but I believe no *exostosis* has been melted away in this manner. If the tumour should become stationary, if it should be so situated that it does not interfere with the functions of the part, nor produce any unpleasant deformity, there is no reason for med-

dling with it; you may leave it alone; but if it be growing, if it be increasing considerably in size, if it be likely to become still more inconvenient than it is already by interfering with other parts of the body, it then becomes necessary to adopt means for removing it. These tumours may be dealt with very freely. You may saw them off or cut them off, or employ any other means of that kind for getting rid of them. So far as the side tumour goes, and that part of the bone with which it is immediately connected, all operations of this kind may be undertaken without fear. The only circumstance to be considered will be, whether you can lay the tumour bare without injuring parts of consequence lying over it. The mode of proceeding then in operating in *exostosis*, is to make such an external incision as will enable you to dissect away the soft parts and completely expose the morbid growth, together with the basis by which it is connected to the bone. If you can do that, and you can use a saw of any kind, you may then saw the tumour from its basis. But when it arises from the femur or humerus, and is so surrounded at the basis by muscles and other soft parts that you cannot obtain that complete exposure necessary for enabling you to use the saw, then the circumstance I have mentioned to you, that these growths are partly composed of cartilage, will lead you to attempt, with a pretty strong knife, the handle also being strong, to cut it away from the bone. If you can accomplish this, and then scrape away all the morbid growth, the tumour will not be reproduced. When you have completely detached the growth, you will find that the bony structure is not reproduced. In instances, in which you may not be able to succeed in doing this, it has been ingeniously proposed by Sir Astley Cooper, to cut through the periosteum covering the part, completely to detach it and leave the new growth, when thus deprived of the nourishment afforded to it by the periosteum, to separate by a process of exfoliation or sloughing. In some instances, it has been found, that the growth has been lessened, and has fallen away after being thus denuded.

Osteo-Sarcoma is the generic term that has been applied to tumours composed of soft substance. It has been very generally spoken of as the conversion of bone into a softer substance; but it would be more proper to describe it as the development of soft substance in the bone.—*Steatoma* has also been employed to denote this effect. Now *steatoma* is rather descriptive of a *fatty* tumour; but I rather think that fatty tumours are not seen in bones.—*Osteo-Sarcoma* has been described by most writers as an affection of the most serious kind, and usually terminating fatally. Now upon that subject I should observe to you, that the fleshy tumours produced from bone may be divided, like those which arise in the soft textures of the body, into two classes—the *innocent* and the *malignant*. There are some which do not tend to the destruction of the individual. There are others which are of a cancerous or fungous character, and which affect life; but we are not to suppose that the latter character belongs to all the other fleshy tumours which arise in bone. The innocent *osteosarcoma* is a tumour of firm and dense consistence, slowly arising from the surface of a bone, closely connected to it, occupying several years, perhaps, before it attains any very considerable size, attended, for the greater part of its course, with very little pain to the individual, though perhaps at a certain time becoming painful, and sometimes growing to a very great magnitude, so as to interfere with the use of the part in which it is developed, although not in other respects dangerous. This is a slice of an *osteosarcoma* of the thigh. Here is the smooth external surface which it presents. It is cut through to expose the dense compact texture. It also shows a kind of uddery texture, with a cavity in the inside, which contained fluid.

The *malignant osteo-sarcoma* differs from the innocent in two important points; it is attended from the first with great pain, and it grows very rapidly. The tumour acquires, before the death of the patient, very considerable magnitude, and is attended with the most direful pain—pain that can only be rendered tolerable by large and repeated exhibitions of opium.—The *innocent osteo-*

sarcoma is not unfrequently found to take place in connexion with the lower jaw, and for this the operation of excision has been practised. The complaint in this situation is characterized by a hard tumour closely connected with the bone, growing slowly and painfully within the arch of the lower jaw, interfering more or less seriously with the motions of the tongue, deglutition, and articulation, and thus ultimately bringing the patient into that state in which a very hazardous and serious operation is necessary to prevent the occurrence perhaps of death, or consequences that are still worse than even those of the operation itself. One of the first operations for the extirpation of the lower jaw was performed by Dupuytren. His mode of proceeding was very simple. He cut the lower lip straight through the middle, and carried the incision down the os hyoides, then reflected back the integuments, directed the knife along the inside, so as to detach the parts within, and then carried the saw directly through the bone, taking out the whole of the part affected. Various proceedings have been adopted for this purpose, according to the circumstances of the case, so that we cannot lay down any one particular rule. Sometimes the commissures of the lips on each side have been slit, and flaps turned down from them. It may be observed to you, that no very large vessels are necessarily wounded by this operation; and that if you keep your knife close upon the lower jaw, you do not wound any vessel of any considerable magnitude, and do not come in contact with any organ of very great importance; so that although the proposal for excision of the lower jaw is at first very formidable, it is not perhaps so much so. You can easily take away the bone from the soft parts that surround it; this is by no means difficult. The sawing through of the bone may be easily accomplished, either by the chain-saw or Hey's saw, or any other of that description. When the bone is removed, the soft parts are brought into their places, and are kept in the proper position by sutures, so that they unite by the first intention; after this, you would hardly be aware that the lower jaw was gone; patients really appear tolerably well after the operation.

Injuries of Joints.—All injuries in which the joints are involved, require great attention and care; they are to be considered generally as serious cases. Although, for the most part, they do well under judicious management, yet under improper treatment, or under neglect of those precautions which it is necessary for the patient to observe, inflammation of a serious kind arises, and leads to changes in the state of the joint, which diminish or entirely destroy the power of motion, or even produce such a disturbance as ends in the loss of life.—Inflammation of a joint may be produced by a blow or bruise on, or in the immediate neighbourhood of the joint. This inflammation sometimes attacks the synovial membrane, and presents the characters which I shall have occasion to describe to you, when I come to speak of that affection of that membrane. In other instances, the inflammatory affection produced in a joint by a blow is more general; it causes general swelling, inability to move the part, heat, pain, and sometimes external redness. The pain and impaired motion are the principal circumstances by which we judge that inflammation has arisen in a joint that is seated at some depth from the surface, such as the hip or shoulder-joints.—Now you must distinguish between cases in which a joint itself swells in consequence of an injury, and a swelling that affects merely the external parts. If the external parts only be affected, you will find that although the motions of the joint are not quite free, yet that they are tolerably so, and that you can move the joint without any uneasiness to the patient; but if the joint itself be involved, it will hardly admit of any motion, and then only with very considerable uneasiness.—The treatment of inflammation of a joint, whether it be of one or the other, of these descriptions, consists in placing the limb in an easy position, and keeping it perfectly at rest; in keeping the joint and the limb generally in a state of absolute quietude, and in adopting such treatment as is calculated to prevent inflammation; that is, applying cold to the part, abstracting blood locally,

either by leeches or cupping; and if the inflammation have already arisen, and the case be that of a person of full habit, perhaps even the general abstraction of blood would be advisable.

Penetrating wounds, that is, wounds which reach into the cavity of a joint, and lay that cavity open more or less extensively, are accidents of a more serious kind, because they are attended with a greater risk of inflammation.—The principal object in treating the various affections I have now mentioned to you, wherever the joint may be situated, consists in adopting those measures which are calculated to prevent the occurrence of inflammation. This main object has been so well stated by Mr. Hey, in his 'Practical Observations on Diseases of the Joints,' that I will just read to you a paragraph on the subject, which expresses a great deal very concisely. He says, "The utmost care should be taken in these cases to prevent inflammation; upon this circumstance chiefly depends a successful termination. I have seen many large wounds of the great joints heal, without the super-vention of any dangerous symptoms, where due care has been taken to prevent inflammation; whilst injuries apparently trifling will often be followed by a train of distressing and dangerous circumstances, where such care has been neglected. It is generally easier to prevent inflammation in the joints after a wound, than to arrest its progress when once begun. I speak now of inflammation affecting the capsular ligament," at present more commonly known by the name of the *synovial membrane*. "A slight degree of redness and tenderness in the integuments only, is of little consequence; but when the capsular ligament becomes inflamed, the formation of abscesses, attended with a high degree of fever, and, ultimately, a stiffness of the joints, are the common consequences, if the life of the patient is preserved." The effects of penetrating wounds of the joints vary considerably according to the size of the wound, according to its nature—whether it be punctured, incised, contused, or lacerated, and according to the concomitant injury of the articular surfaces of the bones that enter into the joint, with which the wounds of the soft parts may be complicated.—**Symptoms:** We judge whether a joint has suffered a penetrating wound, from observing the particular situation, the direction, and the depth of that wound; and there is a further circumstance which renders the matter pretty nearly incontestable, that is, the escape from the wound of the fluid which ordinarily lubricates the articular surfaces of the bones forming the joint—the escape of the synovial fluid. This fluid is transparent, of a light-yellowish appearance, that is, of a light-straw or lemon colour, and somewhat viscid in its consistence, a little ropy, so that if you touch it with the finger it forms a string; it has, in fact, something of an oily appearance, and hence the common name given to it of *joint-oil*. If there be a wound situated over a joint, and that wound appears, according to your anatomical knowledge, to have penetrated the joint itself, and you see also an escape of the fluid which I have mentioned, you need have little hesitation in concluding that the joint has been penetrated.—There are, however, in some situations near joints, tendons inclosed in fibrous sheaths, which are lined with a membrane that secretes a fluid something like synovia, so that you may, possibly, have an escape of fluid something like synovia, without the joint being penetrated. You may also have the joint penetrated without seeing any such fluid escape. You may find, in these cases, sometimes, that if you move the joint, the motion will produce an escape of the synovial fluid from the wound. Under circumstances of doubt, I do not see any absolute objection to the very cautious introduction of the smooth end of a probe, in order to ascertain whether the joint has been penetrated or not. It is of considerable importance to the patient, and an object of concern to the surgeon, to have the fact ascertained; if it have not, it may be a mere cut of no consequence, while if it have penetrated the joint the wound is of serious importance. Recent authors prohibit the attempt to introduce anything into a wound in the situation of a joint, with the view of ascertaining whether the joint be wounded or not; and I concur with them in prohibiting any examination,

except the most gentle, and that with the smoothest possible probe. If it cannot be ascertained without rudeness, do not do it in any way; if it cannot be ascertained at all, assume that the joint is wounded, and adapt the treatment to that supposition.—Simple, incised, or punctured wounds of a joint, made with a clean-cutting instrument, and unattended with any other injury, do very well if the edges of the wound be carefully approximated, the part be kept quite at rest, and the patient restricted to a low diet. The wound which we make in a joint, in order to remove a piece of loose cartilage, is an example of this kind of injury, and, in the majority of instances, the wound which is thus made unites by adhesion; no inflammation occurs in the joint, no unfavourable result is observed to take place, and the full power of the limb is restored. A wound even of more considerable extent, inflicted in the same joint with a clean-cutting instrument, if cautiously treated upon the principles I have mentioned, will get perfectly well, leaving the individual in the full enjoyment of the motions of the limb. Mr. Hey mentions an instance of a young man, upon the lower part of whose thigh, what is called a "woodman's bill," a sharp instrument for cutting branches from trees, chanced to fall; it cut open the knee-joint, just above the patella, making a transverse wound of two inches in length, which went through the integuments and the tendon of the rectus cruris, exposing the joint so freely that Mr. Hey introduced his finger into its articular cavity. The treatment he adopted in this case was to place the limb in the position of extension, in order to approximate the edges of the wound, which he brought together by means of three sutures, embracing the integuments only. In this instance the wound united readily, and at the end of a month the patient was able, with the aid of crutches, to walk about the ward of the hospital, and he speedily recovered the complete use of the limb. In this instance, Mr. Hey observes, that considerable bleeding took place from the wound; that the blood ran into the joint, and escaped from it as he introduced his finger; that, in fact, the bleeding continued as long as the wound remained open. He says, that certainly some part of the blood must have gone into the joint and remained there; and the issue of the case proves, that such blood produced no unfavourable effect. This leads me to observe, that if there should be a wound of a vessel near the joint, the best way would be to leave the wound open till the blood ceased to flow. If there be any blood get into the joint, you need not make any attempt to get it out; the efforts made to do so might be more injurious than beneficial. There is one part of the treatment in this case which we might be inclined to omit, that is, the approximation of the edges of the wound by sutures. If the wound be injudiciously treated, if the approximation of the edges soon after the accident be neglected, and the wound be left open for a time—if the patient do not keep the part at rest, but continue using it, or if he do not observe restrictions as to diet, inflammation will occur, and that, too, often in consequence of the smallest of wounds. Pain and swelling are experienced about the situation of the wound, and in the joint, generally; pus begins to be discharged, and the joint swells altogether. This tumefaction extends to the neighbourhood of the articulation; very considerable swelling will take place about the joint, and proceed, perhaps, to the formation of pus, and a succession of abscesses will follow, the inflammation continuing. The swelling is not confined to the joint itself, but affects more or less the whole limb. In the case of a wound of the knee-joint, for example, the thigh will be swelled, the leg and foot will become cedematous, and while this inflammation is proceeding to its full development, serious febrile constitutional disturbance takes place. The pulse becomes accelerated, full, and strong, the tongue white; the patient is restless, and, perhaps, delirious at night; and, in fact, very considerable inflammatory fever comes on. The swelling of the limb, the accompanying attendant inflammation, and the febrile disturbance, sometimes reach to such a height, that the patient loses his life.

Contused and Lacerated Wounds.—As contused

and lacerated wounds of the soft parts are usually followed by inflammation and suppuration, you will conclude that wounds of this description, when inflicted on a joint, will also be liable to produce the same state of inflammation, which, it is highly probable, will terminate in stiffness of the joint. This, however, is not always the case, and you should adopt that course of treatment in these accidents as well as in the others, which is calculated to prevent the occurrence of inflammation.—*Treatment*: Put the limb in a situation most favourable for the natural curative processes to take place; employ the means I have mentioned, and you will frequently find that no inflammation arises, and that the motions of the part are pretty well recovered. Mr. Hey had under his care at the Leeds Infirmary, a young woman whose elbow-joint was laid open, in consequence of a blow received from the wadding of a pistol which was discharged very near her. It cut through the tendon of the triceps extensor cubiti, and altogether made such a free opening as permitted the introduction of his finger into the joint. He gently approximated the edges of the wound, put the arm in the half-bent position, supported it with a soft pillow in bed, and had the part covered with a soft poultice, not allowing it to be moved except for the purpose of changing the poultice. No material inflammation occurred; the wound cicatrized in about a month, and the full use of the elbow-joint was recovered.

Wounds complicated with injury to the Bones.—There are other cases of penetrating wounds of the joint, complicated with injury of the bone; in which there may be a fracture of the lower part of the bone extending into the joint, at the same time that the joint is laid open externally, or in which the articular ends of the bones may be comminuted—may be broken into several pieces.—*Treatment*: Now I have already had occasion to mention to you some accidents of this kind. I stated to you, that in this hospital we had had compound fractures of the patella in which the joint was injured, and which cases had done well. A case under my own care in this hospital in which the inferior end of the tibia was comminuted, the injury to the bone communicating with the external wound, so that the ankle-joint was laid open; the internal malleolus came away with its cartilaginous covering, the joint swelled, and the injury terminated in ankylosis only, no other unfavourable circumstances arising. Mr. Hey has given two or three interesting cases of this description. In one instance, a young man struck himself a very violent blow on the ankle with a hatchet, which laid the ankle-joint open, cut off a portion of the lower part of the tibia of about an inch in length and half an inch in breadth, and beat off a part of the astragalus. In this case he took out the broken portion of the tibia, but the piece of the astragalus was too much connected with tendons and other parts to admit of its removal. He then approximated the edges of the wound, and in about four weeks the individual was able to walk about the ward. In two instances of young subjects, very serious contused wounds of the elbow-joints took place, in which the articulations were extensively laid open, and in which there was fracture of the lower ends of the humerus, communicating with the joints. In both of those instances Mr. Hey removed some portion of the fractured bones. In one case, one of the condyles was taken out; in the other, the whole extremity of the humerus was so broken off, that he was enabled to remove it. In both instances, the external wound healed very well; no serious inflammation occurred, the patients quickly recovered, and the use of the joints was restored as freely as you could have expected after such serious injuries. The result of general experience, therefore, is, that although these penetrating wounds into the joints are very serious cases, and although, comparatively, even in the slightest of them, mismanagement may lead to inflammation, which will be followed by a stiff joint, or by an absolute loss of motion, or, in fact, even by loss of life, yet if they be properly attended to, accidents of the most serious kind of this description may be recovered from, either with a very trifling diminution of the motion of the part, or with the complete restoration of the powers of the joint. I shall merely

observe to you further, that wounds of a joint occasioned by gun-shots, where the joint is laid open, and at the same time where the bones are shattered, require amputation, for this is not a kind of case we can attempt to cure.

SPIRIT OF THE MEDICAL PRESS.

ACETATE OF LEAD AND LOBELIA INFLATA IN BRONCHITIS.

SEVERAL years ago, having had repeatedly occasion to regret the inefficacy of the medicines commonly used in bronchitis, when the object in view was the restraining of a too abundant secretion, by which the bronchial tubes were loaded, and the respiration greatly embarrassed, I was glad to avail myself of a notice contained in the *Medical Gazette* of 1833, and extracted from Rust's Magazine, in which the virtues of the acetate of lead were represented as specially adapted to the circumstance in question. The cases in which I have had the greatest reason to feel the want of a remedy which could restrain the secretion from the bronchial membrane, were the bronchitic disorders of children, occurring in connexion with measles and with whooping-cough; and it was in cases of this kind that I subsequently had the satisfaction of first witnessing the beneficial operation of the acetate of lead in inflammation of the bronchial mucous membrane.—After a careful investigation of the powers of this remedy, continued for several years, and based on an ample compass both of personal observation and the reported experience of several practitioners to whom I recommended the use of it, I feel warranted in stating my conviction that the acetate of lead is a remedy by far the most worthy of reliance in bronchitis attended with profuse secretion. The useful agency of this preparation is not confined to the bronchitis of measles and whooping-cough, but is equally observable in the simple bronchitis, and in that which so often occurs as a complication of continued fever. In whatever class of cases I have prescribed it, its administration has been limited to that period of the bronchitis in which the evidences of abundant secretion were apparent; and those evidences have formed the only guides which I have found it requisite to follow in the first exhibition of the remedy, and in regulating the bulk and frequency of the doses. The stage or duration of the disease does not require to be regarded in describing the acetate; and though it exerts a signal and most salutary influence on the secretion of chronic mucous catarrhs, it has always appeared to me that its chief value consists in the rapidity of its operation in such acute cases as are characterized by copious secretion, whether of the muco-purulent appearance or not, whereby the respiration is impeded, and suffocation is threatened.—In acute bronchitis, diverse effects have been observed to succeed the use of the lead. In some instances a very speedy and entire removal of the rattles has ensued, without the pulse having been lessened in frequency, or the respiratory acts materially altered from their previous condition. In such I have been accustomed to omit the lead, and to recur to the antimony, ipecacuan, and calomel, or to whatever remedy had been previously used. In a second class of cases, the rattles have merely undergone a considerable diminution, while the other symptoms have continued nearly altogether as before. In those I have found it of great advantage to alternate, with the exhibition of the acetate of lead, either the antimony, or calomel and ipecacuan. In a third class, no material change of any kind has followed the use of the lead for several days. The cases of this class, for the most part, consisted of whooping-cough,

with intense general bronchitis; and in the treatment of them, the acetate has been given in much larger quantity, and continued longer than in the others. I have repeatedly ascertained, in cases of this kind, that though the number of rattles, and the apparent amount of the secretion, seemed but little reduced from the state which they had presented on the lead being first administered, a marked change for the worse has followed the omission of it. In this class of cases, the doses of lead have been usually alternated with those of some common remedy; yet the latter have been frequently omitted, unless some indication of pneumonia existed, without apparent disadvantage. In a fourth class, composed mostly of cases in which the secretion appeared, from its extreme abundance, to be the principal cause of the more harassing symptoms—to wit, the hurried acts of respiration, dyspnoea, and consequent restlessness, &c.—the decrease in the number of the rattles, more especially the larger mucous rattles, which has commonly soon followed the administration of the lead, has been very generally accompanied by a commensurate decrease in the other important symptoms. In not a few instances of feeble children, labouring under acute general bronchitis with copious secretion, have the effects of the acetate been observed, by myself and others, so promptly and decidedly manifested as to excite no little surprise, and to alter the prognosis speedily, from a very gloomy to a very cheerful aspect.—The dose in which this medicine may be given must vary with the exigencies of the case, and the age of the patient, though the latter particular is of less importance. Indeed I have hitherto found occasion to give it in much larger quantity to children than to adults, owing to the much greater frequency and severity of acute bronchitis in the former. The quantity taken in twenty-four hours by an adult has not exceeded twelve grains, in doses of from one to three grains. The cases of acute bronchitis in the adult in which I have used the lead, have been mostly complications of continued fever. Along with the lead there were usually given a few grains of the compound powder of ipecacuan; sometimes with the addition of the powdered squill. The common doses to children have been, according to the severity of the case, a quarter, half, or whole grain, from eight to ten times a day. In one very severe, and at one time almost hopeless case, so much as four scruples were swallowed within ten days. The child was six years old, and the disease intense general bronchitis, supervening on whooping-cough. No such bad effects succeeded as are too commonly dreaded from the medicinal use of the acetate of lead, though the gums corresponding to the lower incisors exhibited the blue tint pointed out by Dr. Burton, on the fifteenth day from the commencement of the use of the lead, and it is probable that it existed previously to that date, though unobserved. Nor have I hitherto witnessed in any case the dreaded effects of the lead, not even to the extent of causing constipation.—In the chronic mucous and muco-purulent bronchitis, there is no remedy, I firmly believe, (and I have tried a great many,) that possesses nearly the controlling power over the quantity of the secretion, which is displayed by the acetate of lead. I usually gave it in a pill containing one or two grains, along with some extract of hyosciamus and a grain of squill, three or four times a day.—I have thought it of consequence to let the experience which I have had of the properties of this remedy in bronchitis be known, because it appears that they have nearly or entirely escaped the notice of the generality of practitioners. The only suggestions with which

I am acquainted, of the utility of the acetate of lead in bronchial inflammations, besides that to which I have referred, are by Sauvages, in his 'Nosologia Methodica'; by Dr. Reece, in the fifteenth volume of the 'Medical and Chirurgical Review' (both of whom recommend it merely to relieve irritation in hooping-cough); and by Dr. Stokes, in his first volume on 'Diseases of the Chest,' who conjectures that it might be of advantage in certain forms of chronic bronchitis.—*Dr. Henderson, of Edinburgh, in 'Med. Gazette.'*

If the acetate of lead is capable of thus checking the great secretion of mucus in bronchitis, of course we need not have recourse to expectorants to get rid of it; but we doubt whether the powers of this medicine are quite equal to what Dr. Henderson here relates. At any rate, we feel convinced that in many cases expectoration is highly conducive to the recovery of the patients, and it would be highly injudicious to check it. "Inflammation of a mucous membrane," says that eminent physician, Dr. Williams, "involves a certain structural change, probably interstitial effusion, that can be relieved *only* by a free secretion from the inflamed membrane—expectoration is a necessary process." And for this reason, we would strongly recommend to the profession the Lobelia Inflata, which, from many years' extensive use, we have found to surpass all other medicines, as an expectorant. In our opinion it is far superior to ipecacuan, squill, tartarized antimony, and all other expectorants now in common use. The way we prepare the tincture is by macerating, for fourteen days, three ounces of the lobelia inflata in three pints of proof spirit. We give from 15 minims to half a drachm of this tincture to an adult every few hours, and in the latter stages of the attack, when the system is sinking, and the peculiar blue appearance of the skin is increasing, we combine small and gradually-increased doses of the carbonate of ammonia, which enables the patient more effectually to clear his bronchial surfaces. In this effect of ammonia, we agree with Dr. Williams, who says that he "is disposed to think that it is more than an ordinary stimulant, and acts in an especial manner upon the bronchial membrane."—The dose of this tincture of lobelia to an infant is about 10 drops, gradually increased till vomiting is produced: we have frequently been astonished at the ease with which the mucus is expectorated after this medicine has been taken. It seems to have the soothing effects of tobacco, as well as its expectorant virtues, after the peculiar irritation which it invariably produces on the fauces has subsided. We have found it more especially useful in infants and young children who are so liable to bronchial affections. It seems to act like a charm when the early acute symptoms have in some measure subsided, and when the membrane is so loaded with mucus, or otherwise thickened, that de-carbonization of the blood is no longer properly performed; the blue, livid colour of the surface will often rapidly disappear, and a more healthy hue take its place. We have not perceived the same powerful effects produced so regularly and invariably by ordinary emetics, and this we have accounted for, by supposing that it must be both an expectorant and a sorbefacient, combining as it were, the effects of opium and ipecacuan.—*Braithwaite's Retrospect of Med. and Surgery.*

An ingenious wafer bearing the inscription,—"Whoever wishes the welfare of the public will advocate Medical Reform,"—has been forwarded to us. They are the invention of Dr. Kingsley, of Roscrea, and executed by a lithographic artist in Dublin.

TAPPING THE HEAD IN CHRONIC HYDROCEPHALUS.

PATRICK M'KEON, æt. seven months, admitted into St. Vincent's Hospital, under care of Dr. Bellingham, July 21st, 1840, labouring under chronic hydrocephalus, illness of five months' duration. From the statement of its parent, the child appears to have been quite healthy until the age of two months, when it was attacked with symptoms of acute hydrocephalus, which yielded in some degree to treatment; at the end of a month, however, the child's head was observed to be somewhat increased in size; and since that it appears to have gradually but slowly enlarged. On the 17th of June the head measured nineteen inches in circumference; on the 29th of June twenty inches; on the 21st of July twenty-one and a half inches. These particulars were kindly communicated to me by Dr. Croker, under whose care the child had been for a short time previous to his admission into hospital.—The head now, July 28th, measures twenty-two inches in circumference—the sutures are all open—the pupils of both eyes dilated, and insensible to the stimulus of light, with slight strabismus—the child is emaciated, very uneasy, and almost constantly crying when awake.—July 25th. The child was directed to take one-sixth of a grain of calomel every third hour.—July 28th. Having made a small incision through the integuments upon the right side, a little below the anterior fontanelle, in the site of the coronal suture, avoiding the superficial vessels; a very small trocar was introduced in the direction of the ventricle; after it had passed about an inch and a quarter the trocar was withdrawn, leaving in the canula; nothing, however, came through it; the trocar was again introduced into the canula, and passed its full length, (an inch and three-quarters,) and on withdrawing it, the fluid came through the canula with great force; at first it was slightly tinged with blood, afterwards quite clear; when upwards of ten ounces of fluid had come away, compression having been made with the hands while it was flowing, broad straps of adhesive plaster were applied from before backwards, and laterally, so as to bring the bones of the head into as close contact as possible. No convulsion or other unpleasant symptom occurred, and the child took the breast immediately after the operation. The child was directed now to take one-sixth of a grain of calomel every second hour, and, at Mr. Rumley's suggestion, the mother of the child was put under the influence of mercury.—July 29th. This morning the parent states that the child is more lively than before the operation; he does not appear to squint as much, but the pupils are still insensible to the stimulus of light.—July 30th. At Mr. Wilmot's suggestion, mercurial ointment was placed in the axillæ of the infant, in order to bring it more quickly under the influence of mercury.—July 31st. The mother of the child states that her gums are sore; the child has been very restless and uneasy; continues constantly crying when awake, and sleeps very little.—August 2nd. The child is much weaker—the pulse almost imperceptible, and it appears to be sinking.—August 3rd. The child died this morning, apparently worn out; it did not appear to suffer pain, and had no previous convulsion.—Examination ten hours after death. The wound in the integuments had cicatrized. On removing the scalp, the fluid flowed freely through the site of the puncture—the ventricles contained upwards of a pint of liquid of the same character as that drawn off by the trocar—the brain itself was excessively soft, but natural in other respects—the layer of

brain through which the trocar had penetrated was about three-quarters of an inch in thickness, and the track of the trocar was quite perceptible, no attempt appearing to have been made to close it—there was no increased vascularity at the site of the puncture, nor the slightest trace of recent inflammation in any part of the brain or its membranes.—The sp. gr. of the fluid drawn off by the trocar (which Dr. Apjohn had the kindness to examine) was very low; it contained a very small quantity of albumen, and had a slightly saltish taste.—*Dub. Med. Press.*

SPECIMEN OF A NON-MEDICAL CORONER.

THE following case appears to us sufficient, of itself, to prove one or other of three things—either that the coroner should be a medical man capable of forming a general opinion as to what cases of death require investigation; or that a medical man should be appointed, whose duty it would be to advise and assist that functionary; or lastly, that the office of coroner should be altogether abolished, as being productive of trouble and expense to the lieges, and unattended with any advantage whatsoever. A more absurd farce than that which appears to have been enacted, upon the present occasion, by our worthy chief magistrate, it would be difficult to imagine:—"Catharine Egan, aged 19, a prostitute, and habitual drunkard, was brought to Mercer's Hospital, on the morning of the 27th August, between 4 and 5 o'clock, A.M., in a state of insensibility. The policeman who brought her to the hospital, stated that he found her lying on the flags in Grafton-street. She died about 1 o'clock, P.M., of the same day. An inquest was held the following day, at 3 o'clock, P.M., by the Lord Mayor, as City Coroner; when the only witnesses examined were, the policeman who first found her, a serjeant of police, acquainted with her general habits, and the resident pupil of the hospital. This gentleman very properly declined giving any opinion as to the cause of death, and urged a *post-mortem* investigation, which was refused by the coroner, who ordered the jury to return a verdict of 'Death by the visitation of God.' A *post-mortem* examination was subsequently made by the medical officers of the hospital, and morbid appearances of a very suspicious character found to exist, of which the coroner was apprized, but he stated in reply, that sufficient had been done, and refused to re-open the investigation."—We shall probably be able, at a future period, to lay before our readers a more precise pathological account of this case.—*Dub. Med. Press.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 29th August, 1840:—

Epidemic, endemic, and contagious diseases	166
Diseases of the brain, nerves, and senses	181
Diseases of the lungs, and other organs of respiration	190
Diseases of the heart and blood-vessels	12
Diseases of the stomach, liver, and other organs of digestion	90
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	3
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	1
Diseases of uncertain seat	97
Old age, or natural decay	46
Violent deaths	20
Causes not specified	1

Deaths from all causes

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Essay on the Treatment of some Affections of the Prostate Gland. By R. A. Stafford, Surgeon to the Marylebone Infirmary, &c. Pp. 86. Churchill.

A Practical Treatise on the Human Teeth, &c. By W. Robertson. With Plates. Pp. 205. Hayward and Moore.

Outlines of Military Surgery. By Sir George Ballingall, M.D., Professor of Military Surgery, University of Edinburgh, &c. 2nd Edition. 8vo. Pp. 543. A. and C. Black.

An Enquiry into the Physiology of Cutaneous Absorption, and its Application to Therapeutics, &c. By W. H. Madden, M.D., &c. 8vo. Pp. 151. Carfrae.

Illustrations of the Arteries connected with Aneurism and Surgical Operations. By G. D. Dermott, Lecturer on Anatomy and Surgery.—No. 1. The Head and Neck.—No. 2. The Superior Extremity.—No. 4. The Axilla.—No. 5. The Thigh.—No. 6. The Leg.—No. 7. The Trunk. Folio, coloured; with Descriptive Text.

Illustrations of Osteology. By Theodore S. G. Boisragon, M.D., Cheltenham. Folio, Lithographic Plates. Highley.

A Practical Treatise on Fractures, with Sixty Woodcuts. By E. F. Lonsdale, Demonstrator of Anatomy at the Middlesex Hospital, &c. 8vo. Pp. 536. Churchill.

Surgical, Operative, and Mechanical Dentistry, &c. By L. C. De Loude. Pp. 196, with Plates. Whittaker and Co.

Illustrations of some of the Principal Diseases of the Ovary, &c. By E. J. Seymour, M.D., one of the Physicians to St. George's Hospital. 8vo. Pp. 127, with Fourteen Lithographic Engravings in Folio. Longman. By the same Author,

The Nature and Treatment of Dropsy, &c., to which is added, a Translation of the Work of Dr. Geromino on Dropsy. 8vo. Pp. 218. Also *Observations on the Medical Treatment of Insanity.* 8vo. Pp. 95.

A Treatise on the Structure, Economy, and Diseases of the Ear, &c. By G. Pileher, Lecturer on Anatomy, &c. 8vo. Pp. 324. Highley.

Spinal Curvature, its Consequences, and its Cure. By J. B. Scrymgeour, M.D., &c. 8vo. Pp. 90. Plates. Sherwood.

A Treatise on Tetanus, &c. By T. B. Curling, Assistant-Surgeon to the London Hospital. 8vo. Pp. 236. Rivington.

A Treatise on Neuralgia. By R. Rowland, Physician to the City Dispensary. 8vo. Pp. 173. Highley.

Z.—The notices will be acceptable.

MR. SIMPSON should send us a copy that we may judge.

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ASCLEPIADES.—Truly scandal itself cannot now urge that all the wells, which consist of artificial solutions of the sulphates, magnesia, and soda, are any other than identical with the fountains of Aganippe, the streams of Castaly, the springs of Helicon amid the groves of Plato, and the temples of the Sumian Goddess, where Hygieia selects her most favoured sons from RETAILERS of drugs and simples, and Lucina unbars her turnpike only to the divine art of Evangelical Ollipods and Obstetrical Bacheluses.

RECEIVED.—Audeo.—A Chemist.

COUNTY MEDICAL ASSOCIATION.—It is proposed to establish at Gloucester, a County Medical Association, based on the self-protecting principles adopted in other professions. "The main features of the proposed Association are, to promote, through the medium of periodical meetings, harmony and good feeling between the members themselves, and to adopt such further measures as may be considered best calculated to uphold the character and legitimate interests of the profession."

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THE MEDICAL TIMES.

WE HAVE A MONTH TO WORK IN.

PARLIAMENT meets on the 8th of October—in another month the "assembled wisdom" will again commence the "hubble-bubble" of political rivalry, and party and personal strife. In ordinary cases the *real business* of the Session, as it is called, does not commence for some weeks after the nominal day of meeting, but there are many reasons why the rule is likely to be departed from in this instance. Within the next month we may be in a glorious scrape abroad. In one quarter, we have a clever, daring, and successful old Pacha, playing his cards in a way which may get us into a quarrel with half Europe. John Chinaman, foolish man, is offended, because he thought we had no right to smuggle opium into his territories in spite of his teeth, and when his objections were laughed at, his Celestial serenity was ruffled, and he thought it unpolite. A fleet has, therefore, been sent to teach him what an error he fell into, and to demonstrate that a Chinese Emperor has no more right to make laws for China than a child has to show his nose in this Christian land of England, unless his father can give him legal settlement.—In addition to this lowering aspect of affairs abroad, we have a glorious entanglement of interests at home, and these circumstances combined, will not only hasten the commencement of the parliamentary campaign, but have a weighty influence on the fate of Medical Reform.—As our battle is soon to be fought, let us lose no time in making ready to sustain it. Four weeks will soon go by, if allowed to pass in idle listlessness; but four weeks are sufficient, if rightly employed, to insure a successful result. Last Session taught us the great lesson, that those to whom we had confided the sacred trust, had betrayed it, and another Session must find us prepared to carry on the war *by ourselves*; without the aid, and, if need

be, in spite of the underhand opposition of the discarded. As Medical Reformers have heretofore laboured that Mr. Wakley might sell his 'Lancet,' and Mr. Warburton partake of crumbs of Whig patronage, it is not at all likely they will stand idly by, while their dupes are shaking off the fetters which so long bound the slaves to their car. It is not likely that the Finsbury 'patriot' or the University 'contractor' will see the tide ebbing away without an effort again to float upon the waters which have borne them so long in pride of place. No! Now that there is a chance, in spite of the tricks, the shufflings, the procrastination, that Medical Reformers will attain the long desired object—the worthy pair will again repeat their worn-out story, impelled by circumstances, take a step in advance, and, arm in arm with Mr. Hawes, bring in a bill. But will they attempt in the hurry of the Session to advance the bill—*whatever it may be?* The ghosts of broken pledges again call—No! and trebly credulous must be the man who would place the shadow of a shade of reliance upon those whose honour has not sufficed to carry them through their most sacred engagements, and whose faith has been betrayed without shrinking or remorse.—Wakley and Warburton are making Mr. Hawes a stalking-horse. They are poking the Member for Lambeth forward, themselves hanging behind his coat-skirts, to step forward when a clap-trap is to be uttered, or a little interest to be made. *They will go as far as they are forced, AND NO FURTHER.* The Reformers have become united, and the traitors must stir or lose the little that is left to them—too happy if the pretended activity throws the Reformers off their guard. But this they must not, they cannot do. To your tents, O Israel! Petitions must be sent to all parts of the country for signature—the public must be taught to regard the question as their own—the dirty traces of the clique must be cleansed off, and the community must confess that MEDICAL REFORM IS NO PARTY QUESTION. Five hundred petitions might be prepared, filled with signatures, and be ready with the session TO BACK A BILL, WHICH MUST ALSO BE READY FOR THE EIGHTH OF OCTOBER. This is the only way to carry Medical Reform. To preserve peace we should be ready for war, and if we mean to have medical reform, we must be ready to carry it. The expense properly managed would be trifling; no showy offices or expensive officers are necessary. Honest determination is the one thing needful, and now or never is the time for it to be displayed. Next week we will again publish a form and directions for petitions, and we trust that a week will also enable us to point out a nucleus around which all may rally who are sincere in their advocacy of Medical Reform.

During the last week, James Fowler, surgeon at the King's College Hospital, who gloried in the receipt of £1 per week for his services, received intelligence from New Orleans of the demise of his uncle, who has bequeathed him 10,000 acres of land, and £7,000 in ready cash.—The Committee should pass him as a Life-Governor.

ON CONVULSIONS DURING PREGNANCY AND DELIVERY.

THE following general conclusions close a very able memoir on the above subject from the pen of one of the most experienced accoucheurs in Paris, M. Capuron.—1. Convulsions occur much more frequently during a delivery at the full period than during a miscarriage—doubtless, from the greater severity of the pains, and the consequent greater disturbance of the circulatory and nervous systems. Indeed it is truly astonishing that such protracted suffering as almost always accompanies a first labour, does not in every instance induce some convulsive attack.—2. The majority of the women, who are seized with convulsions during pregnancy or labour, are of a sanguineous and plethoric constitution, and usually of an irritable and highly nervous temperament.—3. The attack is often preceded by some precursory symptoms, such as headache, confusion, noises in the ears, twitches of the tendons of the fingers or toes, or of the muscles of the face, and a tendency to bewilderment and forgetfulness. The patient is usually much depressed in her spirits, and very apprehensive of the result of her labour. Perhaps, however, generally the convulsions come on unexpectedly and without any premonitions.—4. The convulsions, after lasting for a longer or shorter period of time, usually terminate in deep somnolence, during which the respiration is heavy, and more or less stertorous, and the pulse is full and large, such as is commonly felt in sanguineous apoplexy; occasionally a partial tetanic contraction of the jaws continues for a considerable time after the abatement of the general spasms.—5. From what I have observed, I am inclined to be of opinion that an attack of convulsions during a premature labour, is on the whole more dangerous than a similar attack if the labour should be at the full period of gestation. We might expect that this should be the case, when we consider that the cervix uteri is generally harder, less pliant, and more resisting, if labour happens to come on in the seventh or eighth month of pregnancy.—6. According to the results of my experience, local and general blood-letting, and the use of warm relaxing baths, are the most powerful means both to prevent and to arrest the attacks of puerperal convulsions. The blood-letting relieves the congested vessels of the head, and probably also the sanguineous accumulation in the uterus, and the warm-bath takes off the spasmodic state of this organ and of every other part of the body, by inducing a derivative action towards the surface. As auxiliary means of occasional utility, the extract of belladonna rubbed on the cervix uteri, and some of the milder preparations of opium given internally, may be mentioned with praise.—7. If we should find on examination that the cervix uteri forms a rigid band around the head or neck of the child, and that the labour-pains make little or no impression upon it, even after blood-letting and other relaxing means have been used, we should not hesitate to divide the constricting portion at one or two places of its circumference with a bistoury. In all such cases, it becomes the accoucheur to ascertain the state of the urinary bladder; as it has been found, in more than one instance, that overdistension of this viscus has powerfully predisposed to, if it has not actually caused, the occurrence of convulsions during accouchement. If the head of the child be within reach of the forceps, we should never hesitate at once to finish the labour by extraction. But if this be impracticable, and the convulsions still continue, recourse must be had without delay to the use of the perforator and crochet.—*L'Experience.*

THE MEDICAL YEAR.

INFLUENCE OF THE SEASONS UPON HEALTH.

Condensed from a Report presented to the Royal Academy of Sciences, Paris, by MM. Arago and Double.

It has long been a recognised principle in medical philosophy, that relations of cause and effect exist between the physical characters of the seasons, and the nature of the diseases coincident with them. Each season, in fact, is endowed with a peculiar character, and influences the animal economy in a peculiar and determinate manner, leaving behind an impression which is the more decided and durable, the longer and the more energetic its action has been. The succeeding season, in its turn, impresses on living beings a different series of impressions, and this series of oscillations, balanced by their natural limits, constitutes, what may be fairly termed, the *medical year*.

This principle of the concordance of the seasons, with what may be called limited epidemics, a principle fruitful in clinical applications, admirably suited to guide the physician in diagnosis, and so useful in estimating the causes, nature, and fitting treatment of diseases, was distinctly established by Hippocrates, and its valuable application is constantly illustrated in his admirable books of epidemics. Galen, and his commentators especially, exaggerated the meaning and application of the foregoing principle, by incongruously applying it to the Pythagorean philosophy. Subsequently the principle itself was neglected and lost sight of, again it was revived and appreciated, but soon pushed to an unjustifiable extreme—finally, for the last half-century, it has been scarcely hinted at either in the schools or in the books. Other sciences, beside that of medicine, afford examples of similar vicissitudes, for the human intellect is so constituted that in escaping one extreme, it falls into its opposite. Luther, whose character was itself an example in point, has said, with all the brilliancy of his genius, "The human mind is like a drunken man on horseback, when raised on one side, he falls over towards the other."—If the principle of co-relation between the constitution of the seasons and their corresponding diseases, has sustained such vicissitudes, the reason is that the principle in question has not been sufficiently explained and developed; in fact, the theory of this point of medical philosophy is yet imperfect, and wanting in sufficient precision.—M. Fuster's object, in the long and most important work on which it is our duty to report, has been to supply this deficiency. He has endeavoured to establish the relations actually existing between the characters of each season, and the nature of the ordinary annual diseases in this climate. He has aimed at drawing a parallel between the meteorological and medical history of France.

The physiological and organic conditions, and general and particular diseases, correspond within certain limits to the influence of different seasons. The common diseases of the year are divisible into two classes, one comprehending the diseases of regular or accustomed seasons, and forming the true medical constitution of the seasons; the other comprising the diseases of irregular seasons, which form irregular medical constitutions.—These two classes of diseases resemble each other in many respects. They both recognise the same causes—they affect the same masses of population—they undergo a gradual development and increase—they are extremely variable in form, while they vary little or not at all in their nature and essential character.

In temperate climates enjoying four seasons,

so long as those seasons run their regular course, the dominant morbid conditions, both at their commencement and termination, become combined with the morbid condition of the adjacent season, so that at each transition we observe a mixed or complex pathological condition. We do not find, however, that a season necessarily engenders its correlative maladies; for this only occurs when the animal economy is sufficiently susceptible of the meteorological impressions, a susceptibility which we may indicate, but which we cannot positively signalize, although its existence may be presumed from an attentive study of temperaments. M. Fuster has studied the annual diseases of France on the same plan as that adopted in investigating its seasons.—In *spring*, which is meteorologically characterized by numerous atmospheric changes, participating at its commencement in the cold of winter, at its termination in the heat of summer, the predominant diseases are, during the former period, catarrhal and inflammatory—during the latter, catarrhal and bilious. The organs of respiration and digestion are those chiefly affected.—In *summer* the elevated temperature causes a predominance of bilious affections. But as this season is usually in France very variable, participating more or less in the characters of spring and autumn, the bilious affections are obviously combined with a phlogistic element. The gastric, hepatic, and intestinal organs are those chiefly affected.—In *autumn* the recurrence of atmospheric vicissitudes prominently reproduces the catarrhal affections of spring; but they occur under different circumstances. In spring, a cold and changeable season, and preceded by the intense cold of winter, the catarrhal affections are coincident with inflammatory diseases; whilst in autumn, a variable but warm season, and preceded by the heats of summer, the catarrhal affections are conjoined with bilious maladies; a combination prone to degenerate into serious and malignant diseases. The abdominal organs and among the rest the intestines, are especially attacked.—In *winter*, finally, the season of cold, inflammatory diseases are most prominent; and, as in France the cold is almost constantly accompanied with fogs, rain, snow, and sudden atmospheric changes, these inflammatory affections are associated with catarrhal and mucous diseases, affections, which, though analogous, are not identical. The sanguineous and mucous systems are the organs particularly affected during winter. * * * *

To the foregoing observations, we shall add some clinical remarks, which seem adapted to add weight and importance to the doctrine of co-relation of atmospheric and medical constitutions.—Besides the great influence which the characters of the seasons exert on prevalent diseases, they also materially influence accidental, intercurrent, or sporadic diseases; thus, it often happens, for example, that a pneumonia accidentally occurring in summer, when the bilious constitution predominates, assumes the bilious character to a greater or less degree, presenting its symptoms, and claiming the same therapeutic means. This same meteorological influence often extends even to external diseases, such as important wounds and injuries. Dessault and Bichat expressly noticed this fact, and regulated their treatment accordingly. Many examples in point may also be found in the 'Memoirs of the Academy of Surgery.'—Hippocrates, as already mentioned, noticed the astonishing concordance between the seasons and prevailing diseases. He even went a great length in determining the various circumstances connected with this fact; and it may be safely said, that his genius fully estimated its importance, and perceived almost all

its consequences. He established a kind of analogy between the influence of the diurnal and annual revolution of the sun, so far as regards their influence on disease. The morning he considered analogous to spring; mid-day represented summer; evening, autumn; while night corresponded to winter. The year thus was one long day—a day an extremely short year. I designedly insist on these considerations. Many classical authors have confirmed this clinical observation; for example, to confine myself to the most modern among them—Sydenham, Piquer, Miller, Baillon, Ramazzini, Huxham. From such observations the following propositions may be deduced.—Diseases run a different course during the day and the night; and physicians have further observed the important practical fact, that at different periods of the portion of the day, comprised between sunrise and sunset, diseases present different symptoms.—Inflammatory diseases—those marked by exaltation of the vital forces—usually exhibit their most violent exacerbations towards morning, and most usually originate or set in about the same period.—The catarrhal and mucous fevers, both remarkable for their slow course and the atony accompanying them, usually commence, and experience their exacerbations at the approach of night.—Bilious fevers, which seem intermediate between inflammatory and catarrhal diseases, have their invasion and paroxysms most usually towards mid-day. Their paroxysms occur nearer to morning or evening, according as the sthenic or asthenic diathesis prevails.—The access and commencement of intermittents generally occur during the day. It would be difficult to cite any number of cases where their invasion occurred during the night.—The hectic fever connected with extensive internal suppuration has its exacerbations towards evening, and the patients suffer most at night. The symptomatic perspirations occur almost exclusively in the morning, a little before day-break.—Ramazzini, in his description of the epidemic constitution of 1690, describes a remittent ataxic fever, in which all the symptoms assumed an alarming intensity towards sunset. The patients suffered so severely during the night that death seemed impending. At the dawn of morning all the symptoms subsided, and the patients rose and exercised without help. Huxham, in his admirable treatise on Angina Maligna, has well remarked, that the exacerbations of this disease during its entire course occur towards evening. Even when all went well through the day, in the evening the symptoms were much aggravated. We abstain, with regret, from multiplying these quotations, but even pressed as we are for space we cannot abstain from stating to the Academy an analogy which has forcibly struck us within the last few days.—According to M. Daguerre, the hours of morning and evening, equally distant from noon, and consequently corresponding to similar elevations of the sun above the horizon, are nevertheless not equally suited for the production of photographic images. Thus, at every season of the year, and under apparently similar atmospheric conditions, the image is formed somewhat more promptly at 7 A.M. than at 5 P.M., at 8 A.M. than at 4 P.M., at 9 A.M. than at 3 P.M. This analogy is not a mere matter of curiosity; it is possible that the chemical action of light may have its influence in the invasion and exacerbation of certain diseases at different hours of the diurnal revolution. The human body is more sensitive—and, above all, otherwise sensitive—than the most delicate physical instrument. We thus, then, already see that it was reasonably expected that M. Daguerre's discovery would admit of numerous scientific applications—its application to phy-

siology and medicine seems more than probable.—The great fact of diurnal movements is exemplified not merely in the human body—the exciting action of light and heat is manifested in different and even opposite manners, on many animals and vegetables, as is shown by the existence of nocturnal species among mammiferæ, birds, reptiles, mollusca, and insects. In the vegetable kingdom similar phenomena, as is well known, exist. Thus, the sleep of plants is familiar to every one, and Droparnaud has observed, that at the end of autumn the flowers of the *Ipomœa violacea*, which previously only opened at night, then opened during the day. The most exact observations have shown the existence of similar diurnal motions in several meteorological phenomena; such are, for example, the diurnal movements of the magnetic needle and of the barometer. It is during the warmest hours of the day that hail forms most abundantly, and in Europe it falls almost always during the day.—It is, perhaps, by insisting on such analogies, by comparing and weighing them, that we may ultimately arrive at the laws which these phenomena obey, and discover the general cause on which they depend.—*Gaz. Medicale.*

ETHICAL OR INTERNAL REFORM OF THE MEDICAL PROFESSION.—NO. VI.

BOTH patricians and plebeians are equally fickle; they are like the salmon and the trout, that take every fly that comes down, the grey drake first and the caddow afterwards, and anything else, but nothing long. The success of all fashionable physicians, in general, is merely ephemeral, for they have to deal with the skittish and wayward in all their movements.—How can we account for the darkness which confounds words with things, professions with principles and conduct, hypocrisy with religion, and astuteness and empyricism with skill? How can we account for people being refined and elegant, and all that, without being intelligent? How can we account for falsehood being preferred to truth? How can we account for noodledom and mystification being preferred to reason? How can we account for an old dowager impaling a respectable practiser as Domitian impaled a fly, and raising a wizard within her own enchanted ring to a human idol? Why do we see cliques and castes raising and destroying medical reputations, with the unanimity of an "Inferno-Consiglio" of Venice, or a Nightingale Club? Why do we see, in the most refined intercourse of polished life, its frivolous pursuers taken up with the lucubrations of Faint-a-ways and Die-a-ways, the flowers of public oratory, the fantastic lectures of dancing-masters, or calisthenic professors, the keen scandal of an old age of cards, and the depreciation and exclusion of their superiors in morality and light? Gibbon says, that from the commencement of Imperial Rome and despotism, "the common use and profit of the profession always secured a certain number of practisers, endowed with a reasonable degree of abilities and knowledge, but no celebrated masters flourished within that period." So that it would appear, that the luxury, servility, and refinement of declining countries, is destructive to intellectual superiority in medicine. In all countries where the people become corrupted by avarice, luxury, and love of oppression, and fall away from the simplicity of nature, reason, and truth, the worst principles of the heart and mind become predominant over the best. Such a country is soon destined to fall by its own loss of public and private virtue, even if not pushed from without. Talent cannot retaliate on Astutia in its own kind. Whenever a man of real genius and

talent, who has endeavoured to build a solid, simple, but slow structure of reputation upon real skill and probity, quits that 'vantage ground, and suffers himself to be tempted by the contemporary success of a system of artifices, to leave the HIGH game, and imitate the LOW, he is almost sure to fail, and, in that case, never to rise again. We have often seen, in our day, even the Astute originals fallen,

"By too severe a fate,
Fall'n, fall'n, fall'n,
Fall'n from their high estate."

Thereafter the imitator is doomed to drink for life the gall and wormwood of disappointment and misanthropy; he loses for ever the calm, serene feeling, and natural prepossession of a comprehensive and philosophic mind. He cannot, like Cicero, at the conclusion of his labours, refer back, with honourable pride, and say, "Quæ tamen omnia, non ASTUTIA, sed aliqua potius sapientiâ, secutus sum!" He vents "a tale told by an idiot, full of strange words and fury," at others who have used the same means as himself; and why? Merely because they succeeded, and he did not! Cannot he see that he has acted a part that did not belong to him? that he has imitated nature's journey-work abominably? It is not by copying a system of "ASTUTIA" that the way can be made; the charm is not in the system only; it is in the man, who is born for the character, and performs it to the life. There is in the craft and cunning of some men an unexplained fascination for dupes, which distinguishes a deep Astute from any other man. It is neither transferable nor imitable. If any ape it, it falsifies the real character, the deformity is visible, and perdition is the consequence.

The only resource left to talent and honesty to oppose to cunning is, DISCRETION—which Addison, if Atticus were he, defines: "Discretion is the most useful talent a man can be master of; cunning is the accomplishment of little, mean, ungenerous minds. Discretion points out the noblest ends to us, and pursues the most proper and laudable methods of attaining them; cunning has only private, selfish aims, and sticks at nothing which may make them succeed. Discretion has large and extended views, and, like a well-formed eye, commands a whole horizon; cunning is a kind of short-sightedness, that discovers the minutest objects that are near at hand, but is not able to discern things at a distance. Discretion, the more it is discovered, gives a greater authority to the person who possesses it; cunning, when once detected, loses its force, and makes a man incapable of bringing about even those events which he might have done had he passed only for a plain man. Discretion is the perfection of reason, and a guide to us in all the duties of life; cunning is a kind of instinct, that only looks out after our own immediate interest and welfare. Discretion is only found in men of strong sense and good understandings; cunning is often to be met with in BRUTES, and in persons who are but the fewest removes from them."

We have dwelt, we fear, in a somewhat prosy manner upon the conflicts between those who practise "that behaviour, which is established by universal consent amongst men of enlightened minds and manners, and those who practise quite the contrary behaviour." But this matter is so important and instructive, that we hope not to have wearied our readers.

"To merit only and her friends, a friend,
The world beside may murmur or commend;
Know all the distant din, that world can keep,
Rolls o'er our grotto, and but soothes our sleep."

The senior surgeon of Greenwich Hospital, (assistant-physician,) W. Gladstone, has accepted the retirement of £50 per annum, in addition to his full pay.

REVIEWS.

Elements of Practical Medicine. Vol. I. Morbid Poisons. By ROBERT WILLIAMS, M.D., Trinity College, Cambridge. Senior Physician to St. Thomas's Hospital. Pp. 342. Ballière.

It is truly refreshing in these days of stupid compilations, ignorant assumptions, and absurd speculations, to meet with a work embracing the extended experience of a sound practical physician,—a lucid account of the opinions and practice of preceding writers, and original general principles, deduced from these premises, in the true spirit of logical induction. Such a work is now before us—an epitome of all that is known on a most numerous and important class of diseases. But this is not all, for we believe that the views of the author on the subject of morbid poisons are likely to effect a most salutary revolution in medicine. Dr. Williams classes all diseases into two great divisions, those produced by general causes, and those which are owing to the agency of morbid poisons. The latter class are discussed in the volume before us, it being the intention of the author to pursue the simple diseases in one or more succeeding volumes.

Dr. Williams proceeds to show that "morbid poisons are a class of substances whose general laws do not greatly differ from those which govern the action of poisons generally." These laws are, that all poisons have definite and specific action; that they lie latent in the system a certain time before their actions are set up; and that their effects vary according to the dose, or the predisposition of the patient. After establishing these propositions, the next point is, that "the general laws observable in the actions of morbid poisons are, for the most part, precisely similar to those which govern medicinal substances." The points of similarity are the specific effects, the temporary latency of the poison, and the effects of dose, &c. Those of difference are, that no morbid poisons appear to be cumulative; that no medicinal poisons are generated by the human body to the extent of the other class; that many morbid poisons, having once acted on a person, cannot affect him again; and, lastly, that climate influences the specific actions of morbid poisons.—It is here that we think Dr. Williams breaks down a little. He argues, that as the laws of the two classes of poisons are the same, the treatment of the affections resulting from their action must necessarily be similar. Now the points of difference which he has himself pointed out, are, in our opinion, sufficient to show that this theory cannot be considered as by any means established; but, with this exception, the introduction is a piece of very close reasoning, well deserving a careful perusal.

The remainder of the volume is divided into seven sections, on the subjects—Typhus, Scarlatina, Morbilli, Variolæ, Varicella, Erysipelas, and Pertussis. The chapter on Typhus is the first and principal one, and is one of the most masterly pieces of criticism it has ever been our good fortune to meet with in medical writings. We shall not weaken its effect by any attempt at analysis, but will give, when space will admit, the very valuable practical results at which the author arrives, after a full examination of the whole subject.

The second chapter is on Scarlatina, and is one of the best in the volume. The history, remote, and predisposing causes, the infectious nature, infecting distance, mode of absorption, and period of latency of the disease, are fully considered. We then have its pathology, symptoms, diagnosis, prognosis, and treat-

ment. We have not space to say more on that of scarlatina, but must recommend it to our readers as the best monograph on the subject in our language.—The subject of measles is treated in the same order as scarlatina, and then we come to small-pox. This is discussed in the same elaborate style, and the author proceeds to erysipelas. He strongly supports the contagious nature of the disease; and as this is a subject on which the mind of the profession is by no means made up, we think the following extract will prove acceptable:—

IS ERYSIPELAS CONTAGIOUS?

The infectious nature of erysipelas is a doctrine of modern origin, and although not universally received, yet the facts in support of it are so many and so irrefragable, that no doubt can be reasonably entertained of its truth. Among the many proofs of this law are the following:—In the year 1760, a person labouring under erysipelas was brought into St. Thomas's Hospital, and shortly after died. From some accident, a patient suffering from a different disease was put into the same bed, but without the usual precaution of airing the mattress, and changing the bed-clothes, and this man was also seized with erysipelas of the face, and he died. Several other patients, also, were subsequently attacked with this disease in the same ward, together with the sister, and she died. At length this disease acquired so formidable a character that a report got abroad the plague was in the hospital, which was only silenced by the physicians and surgeons contradicting it by a public advertisement. A knowledge of this fact directed the attention of the late Dr. Wells, of St. Thomas's Hospital, to the infectious nature of erysipelas, and he has related in the second volume of the *Transactions for the "Improvement of Medical and Chirurgical Knowledge"* several striking cases of the communication of the disease, either by infection or by direct personal contact, that fell under his own observation. These facts have been corroborated by additional instances observed by Dr. Pitcairne, also by Dr. Baillie, who, in the years 1795 and 1796, saw it spread in St. George's Hospital, and by Dr. Cullen, who had seen the like circumstance in the Infirmary at Edinburgh. From that time evidence to a considerable amount has gone on accumulating, so that little doubt remains in the minds of the great majority of the profession in this country, that erysipelas is both an infectious and contagious disease. In St. Thomas's Hospital, where many opportunities have presented themselves for studying the laws of this disease, there is, I believe, no physician or surgeon not fully persuaded of this fact. For since the year 1829 no less than four or five of the wards of that establishment have been cleared out, whitewashed, and painted, in order to stop the wide and fatal spread of this disease. The infectious nature of erysipelas has, indeed, on many occasions, appeared so manifest, and the danger often so imminent, that the medical officers considered it an imperative duty to recommend to the governors the necessity of sacrificing the houses on the north side of St. Thomas's-street, for the purpose of procuring a more complete ventilation. This recommendation has, in all probability, led to the rebuilding of the new wards of this establishment, which combine, in so remarkable a degree, space and ventilation with warmth and comfort, so that it is hardly possible to suggest any improvement in their construction. A month, however, seldom elapses without some new and striking instance of the infectious nature of erysipelas occurring in the older parts of the building, and it is to be regretted that it has even spread this year in the new wings, for six persons in Anne's Ward have been seized with this disease subsequently to the admission of two or three erysipelatous patients into the ward. It has been said that this circumstance can be explained on the ground that erysipelas was prevalent during the last summer; but if we remember that in London erysipelas did not attack one person in five hundred, perhaps not one in a thousand, it will be plain that the chances against six persons

being attacked out of twenty-six are enormous. We can, also, nearly to a certainty determine the cases which will be liable to an attack, supposing erysipelas to be introduced into a ward; for the convalescent from fever, the swollen with dropsy, the syphilitic, and the serofulous patient, are its surest victims. Of the six persons who have been mentioned as seized with erysipelas in Anne's Ward, one had ovarian dropsy, two ascites with albuminous urine, one was in the crisis of a dangerous fever, one had serofulous glands of the neck, and the sixth only, one of the nurses, was a young and healthy person. It is remarkable that phthisical patients, however debilitated, are seldom liable to this disease. It is apprehended that the proof of the infectious nature of erysipelas after these facts is strictly demonstrated.

Infecting distance.—It is extremely difficult when a disease spreads both by infection and by contagion to establish each fact independently. But I have so often seen erysipelas spread in St. Thomas's Hospital from an erysipelatous patient confined to his bed, to one labouring under a different disease, also confined to his bed, that there is the strongest evidence for believing it to have been communicated through the medium of the atmosphere. In a case which recently occurred under Dr. Roots, in King's Ward, the patient lay from the infected source at least fifteen feet. But the greater space of the new wards has not been found a sufficient protection against the wide spread of this poison. The breadth of the old wards is nineteen feet, while that of the new is twenty-eight feet; still it has spread in both cases, not merely from bed to bed, but to the opposite sides of the ward, and even to patients lying three or four beds off on that side. The miasmata of typhus rarely spreads, it has been stated, from bed to bed, and, consequently, not more than from three to four feet around the patient's person; but the miasmata of erysipelas spreads from twenty to thirty feet from the infected source, and, consequently, this disease is infinitely more infectious than typhus.

Contagious.—The contagious nature of this disease has been proved by Dr. Willan, who affirms, if a person be inoculated with the fluid contained in the phlyctenæ of a genuine erysipelas, that a red, painful, diffuse swelling, analogous to that from which the fluid was derived, is produced.

Fomites.—The case given by Dr. Wells of the patient who caught erysipelas in consequence of being laid in the unchanged bed of one that had died of this disorder, and the difficulty that has been experienced in eradicating this disease from the wards of St. Thomas's Hospital, are strong proofs of this law. In the navy, also, we learn from the second volume of Mr. Traver's book on constitutional irritation, that the contagious nature of erysipelas, and consequently its communication by fomites, is so generally admitted, that it has become a debated question, whether its ravages are best limited by swabbing the decks in the usual manner, or by dry rubbing them. Among the latest evidence of the disease being communicated by fomites is that of Dr. Gibson of the Montrose Infirmary. "Some days," says this physician, "after the admission of a female patient into the Montrose Infirmary with abscess of the hand and caries of the bones of one finger, the patients in the two next beds to her were seized with erysipelas, and, on inquiry, it was ascertained that the suppuration of the woman's hand had been caused by an attack of erysipelas." The patients were all now removed from that ward, which was cleaned, whitewashed, and fumigated. "Yet when the patients were again placed in that ward the disease again made its appearance, and it was found necessary to remove the whole of the patients from our little Infirmary, and to take every precaution before the contagion was eradicated."

Susceptibility not exhausted.—The patient having passed through this disease affords no security for the future, for many persons have suffered repeated attacks from erysipelas.

Co-exists.—The contagion of erysipelas is capable of co-existing with many other poisons. We continually, for instance, observe erysipelas to co-exist with primary, and also with secondary symptoms of syphilis. It was formerly not an unfrequent accompaniment of small-pox. In fever hospitals

it would appear to be hardly ever absent, for at certain seasons we are told it spreads from bed to bed in those establishments. In a case that recently terminated fatally in St. Thomas's it co-existed with severe fever.

Modes of Absorption.—It is evident, from the disease being both infectious and contagious, that the poison must be absorbed both by the mucous and by the cutaneous tissues.

Period of Latency.—The time that the poison of erysipelas may lie latent is not accurately determined. The disease has occasionally followed a few hours after exposure; but in a case now in St. Thomas's a fortnight intervened between its subsidence in one case and its re-appearance in another; while in a third case the patient was constantly exposed to the contagion for three weeks before he fell ill of the disease. It is probable, therefore, that the period of latency may vary from two to fourteen days.

The author then gives the pathology, symptoms, diagnosis, prognosis, and treatment of the disease.

The remainder of the work is taken up by a chapter on Hooping-cough, and an account of the use of bromide of potassium in cases of enlarged spleen. This is in an appendix. The profession are indebted to Dr. Williams for the introduction of this remedy, which appears, from the cases he cites, to be in spleen diseases a very valuable one.

Some readers may think these "elements" too theoretical, but such persons should know, that theory, strictly deduced from unquestionable facts, is the most valuable kind of true knowledge, inasmuch as it affords sure general principles to guide us in all the varied cases which may present themselves to our notice. We will add our belief, that there is not a man in the profession who may not be greatly benefited by a perusal of Dr. Williams's work, and our hope that Dr. Williams will not be long before he presents the profession with another volume.

Acute Hydrocephalus, or Water in the Head, an Inflammatory Disease, and Curable equally and by the same Means with other Diseases of Inflammation. By DAVID D. DAVIS, M.D., M.R.S.L., Professor of Obstetric Medicine in University College, and one of the Physicians to University College Hospital. London: Taylor and Walton. 1840. Pp. 309. 8vo.

AFTER a tolerably full, but not very accurate history of Acute Hydrocephalus, by way of introduction, Dr. Davis proceeds to speak of the early symptoms of the disease. He commences by a sort of axiom, that "acute hydrocephalus is a disease of uniform and unsuspended activity, and therefore of continued progressiveness from its commencement to its ordinary termination in death, when not disturbed by the interposition of art." Some proof ought to have been brought forward of the truth of this proposition, for, if true, it is a single exception to a great general law. He divides the symptoms into those characterizing "the stage of formation of the disease; the period of high phlogosis and fever; and the stage and state of extreme collapse." We do not think our author's style at all happy in many points, but we extract his section on the phenomena of the formative stage of hydrocephalus, because it contains some useful observations, although put together in a very rambling manner:—

OF THE PHENOMENA OF THE FORMATIVE STAGE OF HYDROCEPHALUS.

Having premised the above explanation, I proceed to call the reader's attention to a succinct enumeration of the symptoms of the first, or formative stage, of hydrocephalus. This is a pe-

riod of some amount of indisposition, and of a general condition of the functions which is felt to be not that of full health. An infant, or the subject of hydrocephalus of whatever age, is observed to lose his spirits and his cheerfulness, to lose his taste and his eagerness for his ordinary occupations; the healthy fulness and polish of the countenance assumes a reduced and shrunk appearance; its complexion betrays a diminished action of its vascular circulation, and its colour fades from its ordinary hue of health and strength into a livid dingy paleness; the eye loses its lustre, and the muscles their active power and elasticity. This may be designated the chill or cold stage of the invading fever,—the creeping coldness, rather perhaps than the rigour which ushers in the first attack. The pulse, at this period, will probably, therefore, present an uncertain character, both as to power and frequency; to which will be added, most probably in both respects, some degree of irregularity. As the extreme vessels on the surface of the skin become shrunk and contracted, the mass of blood is determined to the interior organs of the body, and in cases of head affections, to the vascular tissues of the brain. Hence, a sense of coldness of the integuments of the face and head is speedily followed by a headache of more or less intensity. This sometimes continues to be a most distressing affection during the whole of the disease. There is now not only an overfulness of the vessels of the head, but also, as easily ascertainable in the greater number of cases, an increased heat of the whole or of certain parts of it. In a majority of cases, the forehead is most frequently the principal seat of this excess of temperature; but in some other cases I have known the occiput or certain lateral regions of the head to be chiefly affected. Loss of appetite, alternating with occasional sickness and vomiting, usually supervenes very speedily after the invasion of the malady; the loss of tone of the stomach taking place contemporaneously with the suspended or enfeebled actions of other parts of the living system. From this time forward a headache of more or less intensity, together with a positive increment of temperature of some parts or of the whole of the head, will become permanent and established symptoms. These symptoms are the result, no doubt, of great turgescence of the vessels of the head added to an inflammatory condition of the same tissues. With these symptoms of an approaching transition from the formative stage of the malady to that of full phlogosis and high-toned tempestuousness of acute hydrocephalus, there are yet some doubtful symptoms, incident to the period of transition to the subsequent stage of the disease, which I have yet to notice; such are, a remarkable indifference to the occupations and pleasures of ordinary health; alternations of temperature of remote parts, as of the lower extremities as far even as the soles of the feet; aching pains of the nape of the neck, the scapular regions of the back and shoulders; pain sometimes of the spinal muscles, including frequently those of the hips and loins.

The turgescence of the vessels of the head, incident to this period of the malady, is accompanied by a sense of giddiness often expressly complained of by children of four or five years of age and upwards, and pretty intelligibly indicated by younger children by their constantly rubbing the occipital part of the head against the pillow, and by frequent attempts to apply their hands to that part of the head, accompanied by a winning expression, at once of pain and impatience. The pulse of this period is one usually of considerable inequality. Deviating, perhaps, rather slightly from its natural frequency, it is found, on an attentive examination for several strokes together, to beat more feebly and not unfrequently to intermit altogether. At this period of vascular turgescence, with perhaps, an incipiently inflammatory excitement, the surface of the body is alternately hot and cold; the colour of the face changes, it being now suffused with transient flushings, and anon subdued and shrunk into a deadly paleness. Gölis asserts that, about this period of the disease, there are occasional remissions from intense suffering;

and the patient, during these moments of comparative relief, will sometimes answer the question, whether anything ails him, by an indifferent "No."

The patient during the formative period of his malady, is seldom disposed or capable of indulging in any bodily exertion; but when he does make attempts to walk from place to place, his gait is often laborious, and without proper equipoise or firmness. In stepping he may be observed to raise his foot as if he was stepping over a threshold; he totters and staggers as if inebriated. This fact is noticed by many writers.

Such are the appearances which in the greater number of children commonly precede or accompany the establishment of the stage of turgescence of hydrocephalus, and they more or less forcibly strike the attention of the practitioner, according to the cause of the disease and the constitution of the patient. Many of the foregoing symptoms, it is true, are the forerunners of other diseases; but a careful consideration of all the connected circumstances, and of the great frequency of acute hydrocephalus, will serve to guide the physician to a correct diagnosis. In weakly and badly nursed children, in scrofulous, rickety, or otherwise constitutionally diseased subjects, sufferers from difficult and dangerous dentition, the first advances of this insidious and destructive disease are frequently overlooked; and Gölis, not a little to his honour, makes the following honest statement:—"I speak here from manifold experience, and willingly confess that not only in my early years I have often overlooked the commencing moment of acute hydrocephalus, but that even now, under the above circumstances, I am often unable to distinguish the symptoms of turgescence from those of the previous constitutional ailments alluded to; especially if I have not known the patient some time before, and am compelled to form my diagnosis from what the bystanders relate concerning the progress of the malady."

The following passage from the work of the same accomplished writer, presents to us a beautiful specimen of close and accurate observation of symptoms under circumstances of some uncertainty as to the origin of the disease:—

"Indifference succeeding to increased sensibility and irritability; a constipated state of the bowels after habitual diarrhoea; a scanty secretion from the kidneys, or an unusually yellow urine, with or without sediment; dryness of the skin, which, previously to the accession of the disease, perspired on the slightest exercise, or on eating or drinking, and particularly during sleep; sleep without medicine occurring suddenly in restless children; remarkable gravity and earnestness which had never been previously noticed; these symptoms, taken together with those already mentioned, are indications by which the commencement of the stage of turgescence of hydrocephalus may, with great probable correctness, be suspected."

Equally, or even more difficult, is it to distinguish the formative stage of this disease in very young infants of from one to four months old; inasmuch as children of this tender age eject the contents of their stomach with great facility, even when in good health; become soporose from a slight overloading of the stomach; and their pulse, from trifling indigestion, or even in apparently good health, sometimes deviates from its natural regularity.

Sleeplessness; unusually continued screaming, with a throwing back of the head and spine; panting almost to breathlessness during paroxysms of screaming and passion, and hanging down of the head exhausted and drooping after such attacks; alarm on the gentlest touch; increased sensibility of the eyes to strong light; an excessive quickness of hearing, and a consequent liability of being easily disturbed out of sleep; diminished appetite both for food and drink; intolerance of all movements of the body; frequent application of the hand to the back of the head, and an occasional pulling of the nape of the neck with the same hand; lying on one side of the head in bed with the head retracted, not depending on any previous trick or habit; a scanty secretion of

urine, having its colour of a deeper hue than common; absence of all audible flatulence; increased heat of the head, and especially of the forehead and upper part of the nape of the neck. These symptoms, with an attentive observation of the manner and actions of the patient, with due reference to, and allowance for, prevailing diseases, added to a practical acquaintance with the proper attributes of hydrocephalus under its several modifications of age, temperament, and condition of the parents in society, will best guide the practitioner to a probably correct diagnosis of the disease about to become established in the cerebral system.

The symptoms of the second and third stage are well given, but are too long for extract, though a compressed account of the diagnostic symptoms of the two latter stages is given under the head of what the author terms "pathognomonic symptoms" of the second stage, or that of inflammation:—

PATHOGNOMIC SYMPTOMS OF THE SECOND STAGE OR THAT OF INFLAMMATION.

In the stage of inflammation, the remarkable symptoms are the great sense of pressure on the eyes, pretty constant and continuing during sleep; these pains frequently alternating with painful affections of the stomach and bowels, without at first being accompanied by any considerable accession of febrile disturbance. In a small proportion of cases we occasionally encounter violent attacks of fever, with or without convulsions; preceded for a brief period by symptoms of turgescence, as well as also by symptoms of intense anxiety and restlessness; retreating of the eye backwards into its socket, with much morbid sensibility of that organ: in sleep it is only half covered, its pupil being in the meantime contracted. Add to the foregoing symptoms an increased heat of the head; an altered countenance with great paleness of the complexion; dryness of the nostrils with indurated and fissured lips; entire absence of appetite both for food and drink; repeated vomitings, always increased by movements of the body; a peculiarly sour smell of things ejected from the stomach; an entire suppression, or great diminution of the power of digestion; a remarkable and characteristic foetor of the breath; a constant dull pain in the regions of the stomach and liver; a great subsidence of the abdomen, although it might immediately before the accession of the disease have been full and prominent; general and rapid emaciation; obstinate constipation; urine scanty and turbid from being charged with a white heavy sediment; acute hearing; sleep disturbed, accompanied by much grinding of the teeth, but not often interrupted at this stage of the malady by frightful dreams; the heat of the head and stomach compared with that of the rest of the body greatly increased; the general debility very considerable, and more or less rapidly advancing; the pulse slow and irregular, with some intervals of intermission between the strokes of the artery; the skin more and more flaccid.—About this period the shrunk and trembling hand is carried involuntarily towards the head, and this happens concurrently for the most part with an entire change of countenance, a reduced capacity for speech and conversation, with an obvious collapse of all the powers of life.

OF THE PATHOGNOMIC SYMPTOMS OF THE THIRD STAGE.

Those, on the other hand, which mark the period of effusion and palsy are principally the following. A sudden transition from the highest state of sensibility to that of extreme dullness of all the senses; inability to sit up in bed without help; an oblique position in bed; a frequent involuntary movement of the hand towards the head; a similar action of one or both feet against the bed-clothes, one lower extremity being kept upright, and rested against the heel, so as to be instantly ready to be rocked from side to side, or to be stretched out at full length in response to the harassing restlessness of the patient; frequent application of the fingers to the ears, mouth, and nostrils, accompanied by much uncertainty of the movements of the hand to the head; a rapidly increasing dullness of the senses, with an occasional exception, however, of

the sense of hearing, which may be tormentingly sharp and quick even to a late period of the malady; a downward look of one or both eyes; deceptiveness of the sight, with double vision, and a convulsive opening and shutting of the eyes for some seconds.—Then follow sudden, but uncertain flushings of the countenance, with sometimes a gloomy earnestness and a threatening mien, during a convulsive play of the eyes; emaciation in the highest degree; a clear gold yellow scanty urine, with the characteristic deposit, and passed unconsciously; obstinate constipation; a weak, soft pulse, but as irregular as in the former stage, if not more so; a respiration intermitted by frequent sighs, the breath becoming increasingly offensive; constant and audible groaning; sudden and loud screamings; grinding of the teeth; a state of the greatest weakness. After the lapse of from four to seven days of these symptoms variously combined, there returns, in some patients, a short recovery of mind: for a brief period they recover their ability to speak, to long for and to take food, to wish for their playthings, to recognise their favourites and playfellows, and even to call them by their names, and to be entertained by their conversation. Their parents, and even occasionally their less experienced medical attendants, are thus exposed to be deluded, but only for a very short time; for the little patient soon again relapses into its former state, and sinks still lower into the complication of pitiable symptoms usually attendant on the dying state. These are convulsions, with terrible spasmodic contractions of the spinal muscles; palsy of one side of the body; vehement fever, although in the midst of great prostration of strength, accompanied by the colligative perspirations of the moribund state.

Hectic redness of the cheeks, in fatal contrast with the utter loss of vision; palsy of the iris, or spasmodic contractions of the pupil with a blood-shot albuginea; complete deafness; difficult deglutition; a trembling movement of the unpalsied hand; diminished warmth of the unpalsied side; and an approach to suffocation from efforts to vomit without effect, are, in the greater number of cases, the more prominent parts of a picture, the most melancholy that can be well conceived, that of a protracted and cruel disease yielding up its victim to the last fatal sufferings.

We have then a chapter on the specially predisposing causes of the disease, viz., the irritation of teething, artificial food, digestive derangements, age and temperament, worms, exanthematous diseases, abuse of opiates, school exercises, hereditary predisposition, and the statement of Dr. Goëlis, that strong emotions of the mother, during the last months of pregnancy, greatly predispose the children of such pregnancies to become the subjects of hydrocephalus. After a chapter on the exciting causes, Dr. Davis enters into a very long and laboured argument to prove "that inflammation, with pyrexial over distension of the vascular tissues of the encephalon, is the proximate cause of acute hydrocephalus." This proposition is supported principally by cases from Quin, Goëlis, Cheyne, and Morgagni. It is rather surprising that Dr. Davis should only have brought forward *one case* which he himself has observed.—We must reserve the subject of treatment, as our extracts have already gone so far.

The remainder of the work is taken up by observations on the use of emetics, cold applications, blisters, and mercury, as remedies in hydrocephalus; but among these we find nothing worthy of particular notice. The book, on the whole, is a very rambling one, and the reasoning anything but close or conclusive, the great defects being the want of original pathological observations. If, however, as the author asserts, the profession are not alive to the value of bleeding in acute inflammatory diseases of the brain and its membranes, the work will undoubtedly have a good effect. Dr. Davis has our best thanks for his good inten-

tions, though we cannot compliment him on the manner in which he has carried them out.

Manual of Pharmacy for the Student of Veterinary Medicine, &c. By W. J. T. MORTON, Lecturer on Veterinary Materia Medica. Second Edition. Longman.

THIS is a valuable book to the veterinary student, and will materially assist in raising the veterinary art to its just level with other professions. The author is evidently a man of talent and discrimination, and we may justly say, a sound practitioner. In the commencement of the book is a tabular view of the most valuable medicines, arranged according to their actions, both for internal and external applications. The work abounds with plates of the necessary utensils, and with diagrams explanatory of the various reactions which take place in the preparation of the most valuable medicinal agents.—The articles on Creosote Strychnine, and Belladonna require no praise—they are excellent. The general plan of the work is similar to that of Brande's Manual of Pharmacy, with this difference, in favour of Mr. Morton's book—that the plates and diagrams are more numerous, and far better in the volume addressed to the *veterinary*, than in that intended for the *medical* student.

A Veterinary Toxicological Chart. By W. J. T. MORTON. Longman.

A VERY complete and useful sheet, containing those agents which are known to cause death in the horse, with the symptoms, antidotes, and actions on the tissues and tests. The tests are illustrated by coloured diagrams, and this chart is altogether the best we have seen. It should find a place in all veterinary surgeries.

MEDICAL OBITUARY.

B. G. Davies, M.D., of Albion-place, Blackfriars.—Dr. Verebaud, Napoleon's Surgeon.—At Newcastle, Mr. Peter Mackintosh, Surgeon.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—10th Foot, Assistant-Surgeon Henry Franklin, from the 15th Foot, to be Assistant-Surgeon, vice Leeven, appointed to the 10th Foot.—20th Foot, Assistant-Surgeon Stephenson Teevan, M.D., from the 10th Foot, to be Surgeon, vice Moses Griffith, who retires on half-pay.

The Rev. Edward Edwards, of Ellesmere, has left £100 to the Shrewsbury Infirmary; £300 in the funds, the dividend to be paid to the poor of Ellesmere and Lower Ridge, besides many other charitable donations.

Mr. Lawrence Peel has given the munificent donation of £250 guineas, towards the building of the Adelaide wing of the Sussex County Hospital.

The Library of the College of Surgeons has been opened for an extra hour. The doors are not now closed until five in place of four o'clock, as heretofore.

Professor Duhlmann has been appointed to the University of Berne.

A bazaar for the benefit of the Suffolk County Hospital, held at Shrubland Park last week, was wonderfully successful. The sale at one stall (Lady Middleton's) realized the sum of £520. Lady Kerrison, Lady Henniker, Lady Brooks, the Hon. Mrs. Wilson, and Lady Harland's stalls together, received during the two days £1,800.

Lieutenant-General Thornton has lately presented one hundred guineas to the Charing-Cross Hospital.

ADVERTISEMENTS.

SCHOOL OF ANATOMY AND MEDICINE, adjoining St. George's Hospital, 1840.—LECTURES will be given during the ensuing Session, commencing October 1st, on
Anatomy, Physiology, and Surgical Anatomy; by Mr. LANE.
Practical Anatomy with Demonstrations; by Mr. MEADE and Mr. ANGRAM.
The Principles and Practice of Medicine; by Dr. SIGMOND and Dr. FITZGERBERT.
The Principles and Practice of Surgery; by Mr. LANE and Mr. CHAPMAN.
Midwifery and the Diseases of Women and Children; by Mr. BLOXAM.
Materia Medica and Therapeutics; by Dr. SIGMOND.
Chemistry; by Mr. BALMAIN.
Medical Jurisprudence; by Mr. HUTCHINS and Mr. ANCELL.
Botany during the Summer Session.
General Fee to the whole of the Courses, Forty Guineas, half of which may be paid on the entrance of Pupils, and the remaining half at the commencement of the Second Division of the Course.
Further particulars may be obtained at the Theatre, 1, Grosvenor place, or at the Residences of the Lecturers.

CHARING-CROSS HOSPITAL, London.—Medical Classes.—WINTER SESSION, commencing October 1, 1840:—

Materia Medica, &c.; Dr. Steggall.
Practical Anatomy; Mr. Hird and Mr. C. Guthrie.
Chemistry; Mr. Fownes.
Anatomy and Physiology; Mr. Hancock.
Medicine; Dr. Shearman and Dr. J. R. Bennett.
Surgery; Mr. Howship.
Pathological Anatomy; Mr. Howship.
Midwifery, &c.; Dr. Chowne.

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JOHN ROBERTSON, Hon. Sec.

CHARLOTTE STREET SCHOOL OF MEDICINE, No. 15, Charlotte Street, Bloomsbury.—Lectures will commence on THURSDAY, October 1st.

Anatomy, Physiology, Demonstrations and Dissections daily	By Mr. Dermott,	£7 7 0
Theory and Practice of Medicine	Dr. Arnold,	5 5 0
Midwifery and Diseases of Women and Children	Dr. Ryan,	5 5 0
Materia Medica	Mr. W. R. Baxter	4 4 0
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BRISTOL MEDICAL SCHOOL.—The Winter Session of the Old Park School will commence on Thursday, October 1st, 1840; and will comprise the following Course of Instruction:—

General Anatomy and Physiology; Dr. RILEY and Dr. W. B. CARPENTER.
Chemistry; Mr. HERAPATH.
Theory and Practice of Physic; Dr. SYMONDS and Dr. J. BERNARD.
Materia Medica and Therapeutics; Dr. J. Bernard.
Descriptive and Surgical Anatomy; Mr. J. Colthurst.
Surgery; Mr. Clark and Mr. J. Green.
Midwifery; Mr. Swayne and Mr. G. Hedling.
The Summer Session will commence on the 1st of May, 1841.
Botany and Vegetable Physiology; Mr. Rootsey and Dr. W. B. Carpenter.
Forensic Medicine }
Chemical Toxicology } Mr. Herapath.
Practical Chemistry; Mr. Herapath.

The Lectures delivered in this School qualify (with attendance on the Medical and Surgical Practice of the Bristol Infirmary, &c.) for Examination for the Diplomas of the London University and the College of Surgeons, and for the License of the Apothecaries' Company.

DR. ALDIS, Physician to the London Dispensary, will deliver a Course of Lectures during the Session 1840-41, on the Principles and Practice of Medicine, at his Residence, No. 13, Old Burlington Street, commencing Oct. 1, at 4 o'clock in the Afternoon.
These Lectures will be recognised by the Royal College of Surgeons and Apothecaries' Hall.

Terms:—One Course, £2 2s. Perpetual, £3 3s.
For further Particulars, Apply to Dr. Aldis.

This day is Published, in 8vo., price 12s. 6d., Third Edition, revised and improved, of

THE PRACTICAL TREATISE on the MANAGEMENT and DISEASES of CHILDREN. By RICHARD T. EVANSON, M.D., Professor of Medicine in the Royal College of Surgeons, Ireland; and HENRY MAUNSELL, M.D., Professor of Midwifery in the Royal College of Surgeons, Ireland.

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"I refer the professional reader to the chapter on Dentition, in the able work of Drs. Maunsel and Evanson, 'On the Management and Diseases of Children,' a work which embodies the latest and most accurate information on this, as on most others of the important topics of which it treats."—*Dr. Combe on the Management of Infancy.*

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A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary.
J. CHURCHILL, Princes-street, Soho.

On the 1st of October will be Published,
PRACTICAL REMARKS on the DISCRIMINATION and APPEARANCES of SURGICAL DISEASE, one Volume 8vo., by JOHN HOWSHIP, Surgeon to Charing-Cross Hospital.
Published by John Churchill, Princes-street, Soho.

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THE Winter Courses of Lectures on Anatomy and Surgery, by Mr. DERMOTT, will commence as usual, October 1st, 3 P.M.; also the Demonstrations and Dissections. The above three branches of Mr. D.'s instruction are recognised by all the Medical Boards. Perpetual, ten Guineas. HOUSE PUPILS received, who have extra Private Instruction, Bodies for Dissection, and Operations, cost free, and the option of attending Mr. Dermott's Public Lectures without extra charge.
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Make haste to church three times a day;
And tho' you pray not, seem to pray;
Roll round your eyes, like ducks in fits,
Or crazy folk wh'ove lost their wits;
Never miss a Bible meeting,
But go to every saintly greeting;
Make sure at church to hold a plate
For brief, collection, or church-rate;
Cause your spouse to show her pity
At folk's doors, or she-committee;
Send her round with baby-linen,
And pious tracts for breeding women,
With 'Crumbs of Comfort,' 'Sinner's Guide,'
'Dairyman's Daughter,' 'Zion's Pride.'
Do not forget your ev'ning prayers,
And make your servants kneel to chairs;
Learn three mile prayers, and half-mile graces,
Wi' weel spread loves, and long wry faces;
Grunt up a solemn lengthened groan,
And damn all parties but your own;
I'll warrant then y'are no deceiver,
A steady, sturdy, staunch believer.
In sable hose of *sweet* Thames' Street,
Tho' sometimes you adorn your feet,
There's nothing "dunghill" in a saint,
That else would make sick ladies faint,
Behoves, your hair lies long and lank,
Like a dead rat's tail on a bank.
'Tis all the better that you sneak,
And hold your head down low and meek;
Never mind how mean you look,
A saint like you can ne'er be shook.
And, in your steps, be sure advance
Just like a man "who's in a trance;"
'Tis the method of behaviour
With every "filthy sinner's" saviour;
With all folks of godly craving,
Whose heads are turned by rant and raving,
And, by "the Spirit," makes appear
A velvet purse of a sow's ear.
And never mind a vulgar gait,
Religion is your surest bait;
Can sense or science, taste or grace,
Compare with cant and powers of face?
A swad in grain can ne'er refine,
Yet holy words and saintly whine
Will even change the veriest swine.
'Tis all the same, altho' your pate
Were lean of learning, all too late;

Mingle commerce with your art,
Profess *not one* but *every* part;
Druggist, Surgeon, and Doctor too,
The plague's in't, if you cannot do,
However much your patients rue!
If you've never learn't your grammar,
Grind some English with a crammer.
Suppose you next to nothing know,
You can learn to make a show.
It matters not what slang you rant,
So great's the charm of lies and cant,
Remember! you have made a start,
Astutia Medica's your art;
With way so sure to reputation,
What's the use of education?
Tell your patients any fable,
But ope a Bible on the table,
To those who seek your sage advice,
Gabble your nonsense in a trice;
But deal it forth with confidence,
And never mind the want of sense.
From horn-lanterns (says Swift †) without
More smoke than light is cast about,
And in folks skulls create a mist,
That will bewilder all who list.
To hatch for saints, an addle-head
Is best, or one that's tipp'd with lead.
You'll get, at last, an empty name,
A vulgar boast, which is not fame,
Still 'tis praise, and the gain's the same.
Learn with women well to twattle, ‡
Coax them with a children's rattle,
It matters not what men may say,
In physic women bear the sway.
They'll laud a *Ninny* to the skies,
And every *Man of Skill* despise.
Mind not some cases *oft mistaken*,
Note like yours is seldom shaken,
Regard young merit, cold and shy,
With pale instinctive jealousy.
And, most of all, the mind reprove,
Of *him* who can his art *improve*!
On Genius scowl with evil eye,
With saintly craft and envy sly;
Never know what's meant by "Genius,"
'Tis your natural foe between us.
With specious speech, and quick device,
With rival fame be never nice,
But carve him well, in mood divine,
With a saint's peculiar whine,
Insinuate always, where you can,
A lie to blast a better man;
And mark, with true *esprit du corps*,
With none but blue-lights to confer.
Never, by fatal chance or haste,
Expose a glimpse of mind or taste,
Bribe the poor to noise your standing,
Risk their lives to keep your hand in.
"His tongue," they'll shout, "how *fine* it ran,
Oh, what a pure and pious man!"
Aim to lay well on the pocket,
Lest, perchance, like to a rocket,
Your note should meet a sudden end,
And, like the stick, at last descend.
Of principle and truth bereft,
Still smooth hypocrisy is left.

† Swift somewhere compares "canting" with the fuliginous light and opacity of a common horn-lantern.
‡ "Twattle" is the general word, but Cobbett, in his famous 'Grammar,' will have it "Twattle," and he is lexiconically right.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

SPRAIN; CAUSES AND TREATMENT—DISLOCATIONS; CAUSES AND SYMPTOMS—COMPOUND DISLOCATIONS—UNREDUCED DISLOCATIONS—REDUCTION OF SIMPLE DISLOCATIONS—PERIOD OF TIME WITHIN WHICH REDUCTION MAY BE ATTEMPTED—TREATMENT.

Sprain.—The name of *sprain* or *strain* is given to a kind of injury, in which the parts composing a joint are moved in some particular direction further than the natural configuration of the bones, and the attachment of the ligaments which are destined to confine them, would naturally admit of. The consequence is, either that the articular surfaces separate, and dislocation ensues; or if the ligaments are too strong to admit of that, and do not actually give way, they undergo a violent stretching, perhaps a partial rupture, without the articular surfaces being actually separated. It is this latter injury, that is, the violent stretching or partial rupture of ligaments about a joint, which constitutes the affection termed, in common language, a sprain or strain.—This is an injury which is not incidental to all joints, it only takes place in the ginglymoid articulations. The orbicular joints, such as those of the shoulder and the hip, are so constituted, as to allow free motion in any direction, owing to the round head of the bone connected with the joint. The main strength of these joints is not derived from the configuration of the bone, nor the ligaments which surround them, but from the large mass of muscles that covers them. When the round head of the bone moves in any direction beyond the point at which it remains in contact with the cavity corresponding to it, it separates from the cavity, and luxation follows. In the ginglymoid joints, on the contrary, the surfaces of the corresponding bones are most closely united to each other, so that they are much more mechanically locked and kept together than the orbicular joints. They are also confined in their motions by ligaments on each side; they have free motion forwards and backwards, but laterally they are almost without motion, both from the formation of the bones, and the particular situation of the ligaments. When therefore these joints are moved, especially in a lateral direction, beyond the limit I have mentioned, a sprain is the consequence.—Sprain takes place most commonly in the ankle-joint and wrist-joint. The causes of sprain act with the greatest power upon these joints, from the nature of their motion, and they are, therefore, the most frequently strained to the greatest extent. In the knee and elbow-joints, which are also ginglymoid, the causes of sprains occur much more rarely, and do not act with so much power.—The consequence of this accident is pain in the joint at the time of its occurrence, and that often to a very considerable degree. A particular sensation, attended sometimes with sickness, accompanies this injury of the ligaments; a particular kind of effect is produced by injury affecting that structure which is not observed in injury of other structures of the body. Subsequently considerable pain is experienced in attempting to move the joint—so much so, that the patient is deprived of the power of using the limb for a time, and perhaps as effectually so for a period, as if the main bone of the limb had been fractured. Soon after the accident, swelling of the soft parts comes on around the joint, the whole of that part of the limb with which the joint is connected is considerably enlarged, and the tumefaction extends much beyond the situation of the joint itself. With this there is often combined ecchymosis; that is, rupture of some blood-vessels, and the escape of their contents into the surrounding cellular membrane.—*Treatment* :

The treatment consists in placing the limb in a situation in which it will be perfectly at rest, in keeping it so, and in adopting the measures calculated to prevent inflammation. Cold applications to the part, cold cloths, the saturnine lotion, and vinegar and water, are the best means. It may be necessary to go further, and take blood from the part by leeches or cupping. After the application of these for some days, the patient begins to feel himself cold and uncomfortable. Such applications may then be advantageously changed for fomentations and poultices. The patient after this often derives considerable benefit from fomenting the part with flannel steeped in warm water, and wrung out; some weeks frequently elapse before a patient recovers the power of using a joint after a sprain; and this accident often incapacitates a person quite as long as the fracture of a bone. If the joint do not continue painful, it is so weak, that on attempting to use it pain is brought on, and the swelling which had in a great measure subsided is reproduced, so that the patient is compelled to keep the joint at rest. This pain and swelling will continue for a considerable time without any heat or redness, without any mark of inflammation. The return of the power of the part may be somewhat accelerated by rubbing them with stimulating liniment, by applying pressure to the joints and neighbouring parts of the limb—pressure by strips of soap-plaster or bandages. It may happen that, in consequence of long-continued swelling and uncasiness in the joint, you may find it necessary to apply blisters in a case of this kind, but, in general, they are not necessary.

Dislocations.—The next part of our inquiry of which I have to treat, is *dislocation*, or *luxation*. This consists in the separation, the permanent separation, of one, two, or more bones, that are mutually articulated together, a separation that is generally produced by external violence. All the unions of bones admit of being separated, so that we may say, perhaps, that every bone in the body is liable to be dislocated. It is just the question, whether your external force can be so applied to a bone as to overcome the strength of the medium which connects it to its fellow. Although, however, we may say that all the joints, that all the unions by which the various bones of the body are connected together, admit of being separated, yet some of them are so very strong that they do not give way, except on the application of excessive force, which produces other effects more important, perhaps, than the mere separation of the bones; so that the separation of the bones, under these circumstances, becomes a matter of inferior importance. Now, we find that the various bones which compose the skull hardly admit of being separated, except by external force of this very serious kind. The bones of the pelvis are similarly circumstanced; so are all bones which are connected together by plain surfaces, these being, generally, what are called *short* bones, bones which are thick, and where the articular surfaces are as broad as the bones themselves, such as the vertebrae, various bones of the carpus and tarsus; these are tied together by very strong ligaments; they are articulated by surfaces which are very large, compared with the bones themselves, and although, in point of fact, they can actually be separated by external force, yet the separation takes place very rarely; it very seldom happens that one of these bones is separated from another, the separation only taking place by some excessive force applied in such a way as to destroy the general connexion of the parts.—The articulations then which are principally subject to dislocation, and the dislocation of which constitutes the greatest number of accidents which we have to treat, are the ginglymoid and the orbicular, and the latter are by far the most subject to dislocation. The orbicular joints, such as those of the hip and shoulder, are not so mechanically locked together as to prevent displacement; on the contrary, the general configuration of these articulations is such as to allow of free motion in every direction; and the ligaments which restrain them are also very loose, so that the strength of the articulations depends, principally, on the muscles. The existence then of fixed configuration of the ones is unfavourable to dislocation, and the tight, strong bindings of ligament

render those parts little subject to luxation. The ginglymoid joints are seldom luxated, because there the bones are more closely locked, or mechanically fastened together; and they are surrounded by stronger ligaments restraining them in certain directions; so that the luxation requires more force, and is more serious than in the other joints. The dislocation of the elbow is usually attended with much more laceration of the soft parts than that of the humerus.—Dislocations may be *complete* or *incomplete*; that is, the articular surfaces may be completely or only partially separated from each other. Practically speaking, however, we know but little of incomplete luxations. Perhaps the orbicular joints, which are the most commonly luxated, hardly admit of incomplete luxation. One has heard of such a thing as the edge of the humerus being on the edge of the glenoid cavity of the scapula, but it is difficult to suppose it could possibly rest there; and, in fact, if it could, the case does not differ in point of treatment from a complete luxation. The ginglymoid joints, however, particularly the ankle-joint, do admit of partial dislocation. I have seen the tibia luxated forwards upon the astragalus without having completely quitted the surface of the latter. The nature of the ginglymoid joints is such as to admit of a partial separation, of which the orbicular are hardly capable.—You will read of another kind of luxation, which, by surgical writers, is called *spontaneous*, or *consecutive* luxation. This is an accident happening in consequence of disease. When the ligaments which connect the bones together are altered by disease of the joint, one of the bones may be thrown out of its situation by the action of the muscles, the ordinary ligamentous restraints then presenting no opposition to such an event. This is not uncommonly seen in the hip-joint; sometimes it is seen in the knee. It is, however, a phenomenon connected with the disease of the joint, and not to be considered in connexion with the object I have now in view, which is the separation of the articular ends of the bone from external violence.—**Causes:** The causes of dislocation are chiefly the application of some considerable external force, which moves the end, by which the bone is articulated with the trunk of the body, beyond the limit of the motion which the part naturally admits. A person, in stretching out the arm to save himself from falling, will receive the weight or force of his body upon the hand, and this will throw the head of the humerus from the glenoid cavity into the axilla. Luxations may occur in consequence of muscular action, but this is a rare circumstance, because there is such an exact adaptation between the configuration of the joints and the movements which a part is capable of executing by means of its muscles. You do not, therefore, find dislocations happening in consequence of these alone. No doubt the action of the muscles frequently concurs, with other circumstances, to cause dislocation; thus, if the arm be thrown into a certain direction, the action of the latissimus dorsi and the pectoralis major, may concur in drawing the head of the bone down to the trunk, so as to aid in producing the dislocation; but such a thing rarely happens. In the lower jaw we see that dislocation takes place without external violence, probably in consequence of one or more of its muscles. I remember being called upon to go to a gentleman early one morning, who was said to have met with a serious accident to the shoulder. I found he had been ill all night. I was much surprised at this. On examination I found that the shoulder-joint was dislocated. I asked whether he had gone to bed well, and he said, as far as regarded the shoulder-joint he had, and that he could then move it very well, but that this accident had occurred a little before he sent to me. He had been sitting up in bed to take a dose of medicine, when, stretching out the arm to take hold of the cup, without making any exertion, or taking up any particular weight, but simply by stretching out the arm, the humerus became dislocated. Now, although the bone came out so easily, yet it did not go back into its proper situation with facility, for it required a pretty strong pull to return it. We see, therefore, that dislocation may be produced by muscular action, without external violence, and certainly by the

concurrence of both of these it may and does take place.—As to the *symptoms* of dislocation, in the first place, pain is experienced in the joint, and either great difficulty, or absolute inability to execute any motion. But these are equivocal signs, because they belong also to other kinds of accident. A serious bruise, a strain, or a fracture, will be attended with pain, and with difficulty or inability of motion. We want, therefore, further symptoms to convince us that dislocation has taken place. These are principally to be sought in the change in the appearance of the joint which the dislocation produces, and in the configuration or direction of that part of the limb in which it is situated. In the first place you will of course have alteration in the figure of the joint; you will have an alteration in the relation of the various bony points or prominences that enter into the articulation. The situation of these must be essentially changed. These alterations are most distinct in the early state of the joint; swelling comes on pretty soon, and often obscures the points I am now alluding to; so that if some hours have elapsed after the accident, you do not get so clear an evidence respecting the configuration and the changes as you do immediately after it has taken place. Then there is not only this change in the shape of the joint itself, but a corresponding change in the condition of the limb. The limb may be shortened, or it may be lengthened, according to the position in which the head of the dislocated bone may be carried, or the axis of the limb may be altered in its direction in relation to the bone, or in relation to the body; these things first strike the eye on contemplating the limb. Then you not only have those alterations in the configuration, in the appearance, in the direction, and in the axis of the limb, but the limb is so fixed in the unnatural position in which it is thrown, that the patient cannot move it, nor can you move it for him, except, indeed, in a very slight degree, and with considerable pain. The limb seems to be mechanically confined in the situation of the displacement. This fixation, however, is less complete immediately after the accident than when some little time has elapsed, the muscles having then so adapted themselves to the position of the bone as to hold it more firmly in its unnatural position. The degree of immobility too differs in particular cases. In dislocation of the hip-joint, the limb has far less power of motion than in dislocation of the humerus. These, generally speaking, are the principal cases of dislocation.

Compound Dislocations.—The displacement of a bone from the articular surface with which it is naturally connected, is necessarily attended with more or less injury of the soft parts; such, for example, as laceration of the synovial membrane, rupture of the ligaments, and more or less laceration or bruising of the muscles and other parts among which the extremity of a bone may be forced when displaced. A dislocation, therefore, even in its simplest form, must be regarded as a somewhat complicated injury. In some instances, there is considerable laceration, bruising, and ecchymosis of the surrounding soft parts; some of the muscles which surround the articulation, and are implanted immediately into the extremity of the bone which is displaced, are actually torn through; muscles and tendons are ruptured by the same force as that which displaces the bone. When the bone has been displaced, it is sometimes carried to a considerable distance from its natural bony connexions: the same force which separated it from the bone with which it was articulated, carries it to a greater or less distance from that bone, and may occasion it to lacerate and protrude through the soft parts covering it externally. Thus in the case of joints situated near the surface of the body, it may happen that the articular extremity may not only be dislocated, but protruded through the external coverings, integuments and all, and present itself to the eye. This constitutes what we call a *compound dislocation*, bearing the same relation to a simple dislocation, that a compound fracture does to a simple fracture.—The displacement of the bone may be attended with injury of some important parts situated near the joints, such as the rupture of an artery, pressure upon nerves, and so forth. In the dislocation of

the shoulder-joint, you are aware that the large vessels which supply the upper extremity, and the great nerves which are connected with it, pass very near to the articulation, so that the head of the humerus, when separated from the glenoid cavity of the scapula, may be forced into such a situation as to press either on these vessels or on the nerves. Thus a serious complication of the injury may arise.—If a dislocation be left to itself, the inflammation and the swelling which are excited by the injury slowly subside, and as these pass off, the patient recovers more or less power of motion in the dislocated bone. Sometimes a considerable degree of motion is recovered, although the dislocation remains unreduced. In other instances the limb remains nearly stiff—nearly incapable of motion. The result with respect to motion of the joint, in the case of an unreduced dislocation, differs according to the nature of the articulation affected. If the dislocation have occurred in an *orbicular* joint, the round head of the bone moves tolerably easily within any of the parts among which it may be placed; the form of the bone gives it a facility of gliding or moving in various directions, and as the head of the bone in these instances is usually seated on the surface of a broad or flat bone, we find that that surface accommodates itself to the orbicular head of the displaced bone, and that, in fact, a new cavity is formed, in which the latter can play. The head of the bone undergoes a certain degree of change of form; the pressure which it makes in its new situation, occasions, perhaps, absorption of some part of the head, the natural figure of which is thus changed, though its substance is so far retained, that the patient is enabled to move the limb with considerable facility, and in the end such a situation is established on the surface of the broad bone, as forms, in fact, a new joint, permitting in many instances a considerable degree of motion. In the case, for instance, of a dislocated shoulder, which has been thus unreduced, the new articulation enables the patient to perform all the motions downwards, although it may not allow the arm to be elevated sufficiently for the hand to reach the head.—The resources of nature in remedying the effect of an unreduced dislocation, are by no means so considerable when the accident occurs in a ginglymoid articulation. The configuration of the bones, such as those that compose the elbow-joint for example, does not admit of the movement and play in the surrounding parts, as in the case of the head of a bone belonging to an orbicular joint; the bones also are held firmly by their connexions, so that we very soon find, in a case of unreduced dislocation in one of these points, that ankylosis follows.

Reduction.—Dislocations are not, like many other injuries incidental to the human frame, capable of being repaired by the efforts of nature. The parts remain in the unnatural situation into which they are brought, unless they are restored by surgical means, and the individual remains entirely deprived of the use of the joint, or with an extremely limited motion of the part, unless proper assistance is rendered within a short period after the occurrence of the accident. The means of restoring the bone to its natural situation, and the recovery of the natural motions of the part, depend then entirely upon the recognition of the nature of the accident by the surgeon, and the application of prompt and pretty active means for replacing the displaced bone. It is necessary that the bone should be drawn out of the unnatural situation into which it has been thrown by an adequate degree of mechanical force, and when this is done, it generally happens that the muscles that are situated about its extremity suddenly pull it back into the cavity which it had quitted. If the head of the femur have been thrown upon the foramen ovale of the pelvis, and the limb be afterwards sufficiently extended to pull the head of the bone out of that cavity, the muscles will suddenly draw it towards the acetabulum, and the bone passes back again into its cavity by a sudden motion, a sort of catch, or snap—a sudden jerk, which is very sensible to the hand of the surgeon, and very sensible also to the patient, who usually exclaims that the bone has returned to its proper situation. It may happen, however, when the bone has been drawn out of

the situation into which it has been thrown by the dislocation, that in consequence of the configuration of the articulation to which it is adapted, it does not immediately pass down into its original situation; for instance, if the head of the thigh-bone be brought to the very edge of the acetabulum, there is a ridge which prevents the head going into its natural cavity, and it becomes necessary that it should not only be drawn close to the margin, but actually lifted over it. Extension (for that is the name given to the force by which the bone is drawn out of its unnatural situation) must be made, together with which another kind of force should be applied after the extension has been made, in order to direct the bone into the articular surface it has quitted. It is not sufficient for you to apply a force to the limb or leg which has been dislocated. If the humerus have been dislocated, and you put a cloth, or apply pulleys, to the elbow, and then employ extension, you will find that the trunk will follow. You draw the bone by that force, but you draw the trunk also with it. It is necessary, therefore, that you should fix the trunk, in order to confine the force to the humerus alone; it is necessary that the scapula should be rendered steady and fixed, in order completely to limit the effect of the force: this is called *counter-extension*. So that you have, in the reduction of a displaced bone, to use the same two kinds of force which you apply in the reduction of a fractured bone—extension and counter-extension. Now, the necessity of thus fixing the body before you proceed to drag upon the displaced bone is so obvious, that we wonder it should ever be overlooked. Yet we sometimes find persons in whom dislocations have occurred, describe to us that they have been subjected to force, by which (to use their own expression) “they have been dragged all about the room,” in the efforts made to reduce the dislocation; indeed, you might not only drag them all about the room, but you might pull them the whole length of a street, or any distance you pleased, and you would be no further advanced in the reduction. The counter-extension, that is, the fixing of the body, is just as necessary as the application of force to the bone that has been dislocated. If you do not do that, your extending force acting on the bone will act on the whole body.—The extending force may be applied either to the bone which has been dislocated, or to some part of the limb more remote from the immediate seat of dislocation. In the dislocation of the hip-joint, you may either apply the extending force just below the knee, or you may apply it to the ankle, just above the foot. It is often necessary to employ a very considerable degree of mechanical force, and to continue the action of that force for some length of time. It is, therefore, very necessary that you should employ it in such a manner as will prove as little injurious as possible to the soft parts on which it acts. You should of course avoid bruising, or excoriating that part of the body to which the extending power is applied. Now, persons who exert their muscular force in making extension and counter-extension are apt to become tired; they do not pull very steadily; they pull a little and then relax; their muscles become fatigued, so that we cannot depend upon a steady and regular extension, such as is necessary for the reduction being kept up, and hence the practice of applying extension through the medium of pulleys has been introduced. These have the advantage of enabling the operator to carry the extension to any degree he may please, and without any risk of relaxation, or lessening the force; the construction of these pulleys affords great mechanical power, so that a single individual holding a string connected with them can exert power sufficient to tear through the soft parts, and indeed to tear the limb off. In employing this mode of reduction you must, in the first place, if you have not a fixed hook or some other convenient fastening to which the pulley can be attached, screw this hook into a deal board, or into any firm substance fit for the purpose, and there fix the pulley. You then fix this other end of the pulley to the surface of the limb by means of folded linen, tying it to the pulley by a knot. You can then produce your extension just as you please, bearing in mind, however, that a slight degree of force acts very powerfully on the limb in

consequence of the multiplication of the pulleys; you must, therefore, proceed very cautiously. It gives you a very considerable mechanical advantage, and you can produce the extension in a steady and regular manner, not losing any ground that you have once gained.

In applying the mechanical force which is necessary for the replacement of dislocations, you are to consider what are the objects that prevent the return of the bone to its natural situation. The difficulty arises entirely from the state of the muscles which surround the articulation. The bones themselves present no obstacle; the ligaments which restrain the motion of the joint are ruptured by the dislocation, so that they present no difficulty. The only difficulty, then, arises from the condition of the muscles. The muscles which immediately surround the dislocated bone are drawn tight; if they have not been actually torn through or ruptured, they are greatly extended by the dislocation; the obstacle, therefore, arises from the contraction of those muscles. Whenever the bone that has been displaced is moved, the pain which the patient experiences immediately induces an effort on his part, by which the muscles are thrown into a state of contraction, and this affords resistance to any attempt at moving the limb. Indeed, the mere approach of a surgeon will produce sufficient apprehension of pain, almost sufficient to throw the muscles into this involuntary state of contraction, which state it is that forms the obstacle to the reduction. If the muscles belonging to the joint were at once thrown into a state of paralysis, you need then only draw the bone, and it would return into its situation; because when you have to reduce dislocated bones, in those whose condition nearly approaches to a state of paralysis, you find the task comparatively easy; thus in the case of people who have been drunk, dislocated bones have been reduced without difficulty. I remember having had to reduce the dislocated arm of a patient in Bedlam, a very robust stout man, and when I saw him first, in a dreadful state of excitement, seeing that he was a very muscular man, I thought I should have a great deal of difficulty with him, and I got a great number of persons in readiness to render all the assistance that might be required. I took all the precautions that were necessary; but while I was putting the patient into the proper position, confining the chest, and putting on the apparatus for extending the arm, I observed that he took very little notice of what I was doing. He went on rolling his eyes about, and calling out according to the thoughts that were running in his head. The muscles felt soft; he was attending to other things; and when I came to make the extension, the bones were in immediately; it seemed hardly to require the application of the slightest extending force.—We often find it stated in writers, that the muscles which surround the joint should be relaxed; that we should place, or attempt to place, the limb in such a situation as will relax the muscles, and thus prevent their action from impeding our efforts. Now it is more easy to give this rule than to follow it; I believe, in fact, we cannot obtain much advantage by it. We *must* employ a mechanical force sufficient to overcome the power of the muscles, and I believe we do that with very little reference to the particular situation of the muscles, or with very little attention to relaxing them. Indeed, if we put the limb into any particular situation, we shall be likely to find one muscle relaxed, perhaps, and others in a state of tension; so that I do not know that we can do much by paying attention to the situation of the muscles. By conversing with the patient on some subject or other, so as, if possible, to remove his attention from the state of the joint, and direct it to something else, you will diminish the force exerted by the voluntary muscles. By suddenly asking a question while the extension is going on, you may perhaps produce such a relaxation of the muscles as will allow the bone to go into its place; at all events you will, by such a course as this, very much diminish the extent of the force you have to overcome. Another point is, that the contraction of the voluntary muscles is limited in point of duration; they soon become fatigued, and that fatigue speedily increases to

such a degree, that the patient cannot continue to exert them by any effort of his will. Of this you may easily convince yourself, by holding your arm out at a right angle with the body; you will find that the deltoid muscle will not sustain the limb in that position long; in fact, it will thus become fatigued in a few minutes. You may, therefore, at first apply only a moderate degree of force in reducing a dislocation; that force will put the voluntary muscles into action, and soon fatigue them, so that by augmenting it in a slight degree, never, however, carrying it to the extent of producing any prejudicial consequence, you will tire out the muscles, rather than overcome them by main force, and thus accomplish the object you have in view. It is a matter of very little consequence, whether you employ five, ten, fifteen, or twenty minutes in the proceeding, but it is a point of great importance, not to bruise or lacerate those parts to which the extending means are applied, or those parts which are in the neighbourhood of the dislocation. There are some instances in which the obstacles to reduction are so considerable, that we find it necessary to employ some previous measures to diminish the power of the muscles. This is generally the case when we attempt to reduce dislocations of long standing; it is the case when we attempt to reduce dislocations in very robust individuals; and it is also the case in attempting to reduce dislocations of the hip-joint, where the difficulties are always considerable. We employ certain previous measures, I say, for diminishing the force of a muscular opposition, and those measures are three in number—viz., venesection, the exhibition of the tartrate of antimony in nauseating doses, or such doses as will make the patient sick, and the warm-bath. Of these three venesection is the most powerful, and the warm-bath the least. You may open a vein, and take a large quantity of blood from the arm before you commence the reduction; you may also have a solution of the tartrate of antimony ready; give the patient a spoonful of it as soon as you have finished bleeding him, and then proceed to apply the apparatus for the reduction of the dislocation. Some persons put the patient into the warm-bath; and if the temperature be such as to produce very considerable perspiration, allowing the individual to remain in it some time before the reduction is commenced, benefit may result. There is less risk to a patient, supposing he be robust, from a full bleeding, than from the degree of violence it may be necessary to employ, if you began the reduction without bleeding. In doubtful cases, therefore, I think these precautions necessary.

A question arises as to the length of time after the accident at which the reduction of a dislocation may be properly attempted with a reasonable prospect of success. In the first place it is very clear that the sooner you attempt it after the accident, the easier will the reduction be accomplished; the sooner you attempt it, the greater chance there is of your succeeding; the difficulty increases every day the reduction is delayed. In practice it is desirable that we should have some definite rule, that we should know at what exact length of time, at the expiration of what number of days or weeks we may expect to reduce dislocations. Now surgical authorities differ in some respect on this point. Sir Astley Cooper states that eight weeks is the limit in the case of dislocation of the hip, and three months in the case of dislocation of the shoulder; that it would not be expedient to attempt the reduction of the dislocations after these two periods. It is true the dislocations have sometimes been reduced after longer intervals of time; it is also true that the attempts have in many instances failed, even at shorter periods. In some cases it is stated that very serious prejudicial consequences have resulted from attempts at reducing old dislocations, and, in fact, if such consequences as those which have been described were occasionally liable to occur, it would become a doubt whether the attempt to reduce dislocations of a certain standing was at all expedient.

Treatment of Compound Dislocations.—I have merely a few words to say to you respecting the treatment of compound dislocations, for this falls very much under the general rules I have had oc-

casione to mention to you as applicable to wounded joints. If the end of a dislocated bone protrude through the skin and integuments, you must replace it; you must approximate the edges of the wound, and keep them united; you may close them by adhesive plaister, or with lint dipped in the blood and laid over the wound, leaving it there to dry.—These were formerly considered cases for amputation, but a greater reliance on the resources of nature, and more judicious treatment, have shown that the majority of these cases admit of pretty complete recovery. It is, to be sure, a formidable thing to see a joint torn open, and one of the bones protruding through the soft parts; but when you have replaced the bone and closed the wound, the appearance is much less terrible; and there are numerous cases on record, in which the most formidable accidents of this kind have not required amputation, but from which patients have recovered with very considerable motion of the injured joint. It is true that the injury is sometimes so extensive, that it becomes a question whether the attempt should be made to save the limb, or whether you should proceed to amputation. This must be determined by a consideration of the nature and extent of the injury, and the constitution of the individual. A very extensive injury, and one of a very formidable appearance, would not be sufficient reason in the case of a young person, a person of a stout constitution, and placed under circumstances favourable for recovery—for resorting to amputation; while a similar injury to a person of advanced age, of an enfeebled constitution, and in a large hospital, or perhaps in a crowded dwelling in a large town, might be a case for amputation. A very large external wound, also, that is, a very considerable exposure of a joint,—not only an external protrusion, but fracture and comminution of the bone, laceration of the surrounding muscles, and wounds of arteries; these are circumstances in addition, that might very probably render immediate amputation advisable. It is necessary to weigh all these things thoroughly, in the first place, that you may not be amputating a limb that can be saved—mutilating very extensively without a sufficient cause; and, in the next place, all circumstances should be well considered, that you may not put life in hazard by omitting to perform an operation that ought to be performed. If in a very serious case of this kind, you omit amputation, you increase the risk of life by submitting the patient to subsequent violent inflammation, and, perhaps, suppuration and mortification. The increase, therefore, of the risk to life from the repeated suppurations, the draining upon the system that takes place—the irritation arising from caries of the bone, and from hectic affecting the system,—these are circumstances, the probability of which, and the effect of which upon the patient, must be carefully weighed before determining on the course of proceeding. Consider then not only the parts that are injured, and the extent of injury, but also the nature of the patient's constitution, and the situation in which he is placed, determining whether that situation is favourable or not to the powers of restoration.

NEWCASTLE UNION.—The guardians have determined to appoint to the workhouse a medical superintendent, and also an apothecary, with a salary to the former of £50, and to the latter of £25 a year. It was at first proposed to give the medical superintendent £70, but a gentleman, from whom we should have expected more liberal sentiments, opposed the proposition, on the grounds that "in many places, for the honour of the appointment, and for practice afforded, medical men were glad to be appointed to public institutions at very small salaries." We are glad to be able to state that the majority in favour of reduction was but one.—*Med. Press.*

THE VACCINATION ACT.—An instructional letter has been issued by the Commissioners to the Guardians of Unions in England, sanctioning the payment of 1s. 6d. for each case successfully vaccinated, under the provisions of this Act.

M. CAZENAVE ON SCABIES.

THE following extracts are from a lecture which M. Cazenave recently delivered at the Hospital St. Louis, to which it is well known by far the greater number of patients affected with cutaneous diseases in Paris are sent.

"With respect to the seat of, or the parts of the body most frequently affected with, the itch, it is right to observe that certain conditions and occupations of life, under the influence of which the disease is apt to be developed, induce varieties which deserve to be noticed. Thus, in smiths and dyers, we rarely observe the scabious eruption on the wrists or between the fingers, whereas these are just the parts which are almost always affected in tailors and sempstresses—who constitute a large proportion of itch-patients admitted into the Hospital St. Louis. M. Cazenave has never seen the face affected with the disease."—"When the disease is left to itself, more especially in young plethoric persons, it is apt to become complicated with other forms of cutaneous eruption—most frequently of the impetiginous or eethymatous character. It is from not being aware of this complication, that some writers have described scabies as a pustular disease."—"It is now universally admitted that the proximate cause of the itch is the presence of an animalcule—the *acarus scabiei*. It is well known how frequently the truth of this idea has been questioned. The cause of the difficulty of detecting the insect was first explained by M. Renucci in 1834, who showed that it is seldom found in the vesicle itself, but generally in the groove of the skin leading from it, and which the insect itself makes under the epidermis."—"Diagnosis: Every medical man knows well the occasional difficulty in determining whether certain cutaneous eruptions are truly scabious or not. This is the more annoying, as the appropriate treatment depends on the correct diagnosis of the disease: an error in this respect may be followed by the most troublesome consequences. Scabies may be confounded with some of the forms of *eczema*. In the latter disease, the vesicles, even when they are situated in the fingers and on the inside of the arms, are flattened on their summits, and not pointed as in the vesicles of genuine scabies; likewise, they are more congregated together, and they appear on the back of the hand as well as along the line of the flexure of the joints; the pruritus too accompanying *eczema* is more of a burning or scalding character, and not subject to those exacerbations so characteristic of the genuine itch.—*Herpes* appears in patches, and can scarcely be confounded with scabies.—*Prurigo* is not so readily distinguished. Apart however from the primitive characters of the eruption, it in most cases affects chiefly the back, shoulders, and the limbs, rather along the line of extension, than along that of flexion.—The papulæ exhibit at their apices a blackish crust; and the itching, though troublesome, is never comparable to that of genuine scabies.—But we must acknowledge that, in some cases, it is impossible to discriminate with confidence the exact nature of the eruption."—"It is not unfrequent to observe in persons, who have been affected with scabies, a vesicular eruption returning every year, especially during warm weather. This affection is not strictly scabious, nor is it contagious. It does not therefore require the specific treatment necessary in itch; and very generally it will disappear under the local application of cooling washes."—"Treatment: The ointment generally used by M. Bielt is one of the best. It consists of two parts of sulphur, one of subcarbonate of potash, and eight of lard. The lotion of *Dupuytren*—composed of four ounces of sulphuret of potash,

a pound and a half of water, and half an ounce of sulphuric acid—will often succeed where the patient is unwilling to rub in the sulphur ointment. It has however the twofold disadvantage of being very irritating, and very offensive to the smell.—One or two brisk doses of a cooling purgative will always be useful. No other internal medication is necessary.”—*La Lançette Française*.

AN ACT

TO PROVIDE FOR THE ATTENDANCE AND REMUNERATION OF MEDICAL WITNESSES AT CORONERS' INQUESTS.

(17th August, 1835.)

WHEREAS it is expedient to provide for the Attendance of Medical Witnesses at Coroners' Inquests, also Remuneration for such Attendance, and for the Performance of post-mortem Examinations at such Inquests; be it therefore enacted by the King's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, That from and after the passing of this Act, whenever upon the summoning or holding of any Coroner's Inquest it shall appear to the Coroner that the deceased Person was attended at his Death or during his last Illness by any legally qualified Medical Practitioner, it shall be lawful for the Coroner to issue his Order, in the Form marked (A.) in the Schedule hereunto annexed, for the Attendance of such Practitioner as a Witness at such Inquest; and if it shall appear to the Coroner that the deceased Person was not attended at or immediately before his Death by any legally qualified Medical Practitioner, it shall be lawful for the Coroner to issue such Order for the Attendance of any legally qualified Medical Practitioner being at the Time in actual Practice in or near the Place where the Death has happened; and it shall be lawful for the Coroner, either in his Order for the Attendance of the Medical Witness, or at any Time between the issuing of such Order and the Termination of the Inquest, to direct the Performance of a post-mortem Examination, with or without an Analysis of the Contents of the Stomach or Intestines, by the Medical Witness or Witnesses who may be summoned to attend at any Inquest; provided that if any Person shall state upon Oath before the Coroner that in his or her Belief the Death of the deceased Individual was caused partly or entirely by the improper or negligent Treatment of any Medical Practitioner or other Person, such Medical Practitioner or other Person shall not be allowed to perform or assist at the post-mortem Examination of the Deceased.

II. And be it further enacted, That whenever it shall appear to the greater Number of the Jurymen sitting at any Coroner's Inquest, that the Cause of Death has not been satisfactorily explained by the Evidence of the Medical Practitioner or other Witness or Witnesses who may be examined in the first instance, such greater number of the Jurymen are hereby authorized and empowered to name to the Coroner in Writing any other legally qualified Medical Practitioner or Practitioners, and to require the Coroner to issue his Order, in the Form hereinbefore mentioned, for the Attendance of such last-mentioned Medical Practitioner or Practitioners as a Witness or Witnesses, and for the performance of a post-mortem Examination, with or without an Analysis of the Contents of the Stomach or Intestines, whether such an Examination had been performed before or not; and if the Coroner, having been thereunto required, shall refuse to issue such Order, he shall be deemed guilty of a Misdemeanor, and shall be punishable in

like Manner as if the same were a Misdemeanor at Common Law.

III. And be it further enacted, That when any legally qualified Medical Practitioner has attended upon any Coroner's Inquest in obedience to any such Order as aforesaid of the Coroner, the said Practitioner shall for such Attendance at any Inquest in Great Britain be entitled to receive such Remuneration or Fee as is mentioned in the Table marked (B.) in the Schedule hereunto annexed; and for any Inquest held in Ireland, the said Practitioner shall be paid in the Manner provided by the Laws in force in that Part of the United Kingdom; and the Coroner is hereby required and commanded to make, according to the Form marked (C.) in the Schedule hereunto annexed, his Order for the Payment of such Remuneration or Fee, when the Inquest shall be held in Great Britain, and such Order may be addressed and directed to the Churchwardens and Overseers of the Parish or Place in which the Death has happened; and such Churchwardens and Overseers, or any One of them, is and are hereby required and commanded to pay the Sum of Money mentioned in such Order of the Coroner to the Medical Witness therein mentioned, out of the Funds collected for the Relief of the Poor of the said Place.

IV. Provided nevertheless, and be it further enacted, That no order of Payment shall be given, or Fee or Remuneration paid, to any Medical Practitioner for the Performance of any post-mortem Examination which may be instituted without the previous Direction of the Coroner.

V. Provided also, and be it further enacted, That when any Inquest shall be holden on the Body of any Person who has died in any public Hospital or Infirmary, or in any Building or Place belonging thereto, or used for the reception of the Patients thereof, or who has died in any County or other Lunatic Asylum, or in any public Infirmary or other public Medical Institution, whether the same be supported by Endowments or by voluntary Subscriptions, then and in such Case nothing herein contained shall be construed to entitle the Medical Officer whose Duty it may have been to attend the deceased Person as a Medical Officer of such Institution as aforesaid to the Fees or Remuneration herein provided.

VI. And be it further enacted, That where any Order for the Attendance of any Medical Practitioner as aforesaid shall have been personally served upon such Practitioner, or where any such Order not personally served shall have been received by any Medical Practitioner in sufficient Time for him to have obeyed such Order, or where any such Order has been served at the Residence of any Medical Practitioner, and in every Case where any Medical Practitioner has not obeyed such Order, he shall for such Neglect or Disobedience forfeit the Sum of Five Pounds Sterling, upon Complaint thereof made by the Coroner or any Two of the Jury before any Two Justices having Jurisdiction in the Parish or Place where the Inquest under which the Order issued was held, or in the Parish where such Medical Practitioner resides; and such Two Justices are hereby required, upon such Complaint, to proceed to the Hearing and Adjudication of such Complaint, and, if such Medical Practitioner shall not show to the said Justices a good and sufficient Cause for not having obeyed such Order, to enforce the said Penalty by Distress and Sale of the Offender's Goods, as they are empowered to proceed by any Act of Parliament for any other Penalty or Forfeiture.

VII. And be it enacted, That nothing in this Act contained shall extend to Scotland.

SCHEDULE TO WHICH THIS ACT REFERS.

(C.) *Form of Summons*.—CORONER'S INQUEST at — upon the Body of —. By virtue of this my Order as Coroner for — you are required to appear before me and the Jury at —, on the — day of — One thousand eight hundred and —, at — of the Clock, to give evidence touching the Cause of Death of — [and then add, when the Witness is required to make or assist at a post-mortem Examination, and make or assist in making a post-mortem Examination of the Body, with or without an Analysis, as the Case may be], and report thereon at the said Inquest. Signed —, Coroner. To —, Surgeon [or M.D., as the Case may be.]

(B.) *Table of Fees*.—1. To every legally qualified Medical Practitioner for attending to give Evidence under the Provisions of this Act at any Coroner's Inquest, whereat no post-mortem Examination has been made by such Practitioner, the Fee or Remuneration shall be One Guinea.—2. For the making of a post-mortem Examination of the Body of the Deceased, either with or without an Analysis of the Contents of the stomach or Intestines, and for attending to give Evidence thereon, the Fee or Remuneration shall be Two Guineas.

(C.) *Coroner's Order for the Payment of Medical Witnesses*.—By virtue of an Act of Parliament passed in — Session of —, holden in the —, intituled —, I, — the Coroner of and for — do order you, the Overseers of the Parish [or Township, as the case may be], to pay to — the Sum of [One Guinea, or Two Guineas, as the case may be], being the Fee [or Fees] due to him for having attended as a Medical Witness at an Inquest holden before me this — Day of —, upon the Body of —, about the Age of —, who was found dead at —, [or other Particulars or Description], and at which said Inquest the Jury returned a Verdict of —. (Signed) —, Coroner. Witnessed by me — of —. To the Overseers, et cetera.

CONVICTION UNDER THE VACCINATION ACT.—*Maryborough Petty Session, Sept. 1.*—Head-constable Carroll summoned nine persons, for that they did, lately, unlawfully produce, and attempt to produce by inoculation with variolous matter, the disease of small-pox in their children.—A woman, named Boystan, was called to prove that the persons summoned had procured some person not duly qualified to inoculate their children; but, on being examined, she denied having any knowledge of it. Anne Whelan was then called on, and she proved that some of the persons informed her that it was a man named William Whelan who had performed the operation. Whelan came forward and said, that having been solicited by the parents, he did cut the children, but when doing so, he was not aware that he was doing wrong. Mr. Haly said, as the act under which they had been summoned was a recent one, and as this was the first prosecution under it in this district, the Bench would not inflict any punishment on them; but if either the parents who procured, or the person who performed unlawful inoculation on children, were hereafter convicted of the offence, the heaviest punishment would be inflicted.—The persons convicted were then discharged on paying the costs.—The woman Boystan complained to the Bench that since she received the summons she had been subjected to the grossest abuse from the mothers of the children, who called her an informer.—The Bench recalled the women, and severely rebuked them for their misconduct.

MEDICAL CHARITIES OF IRELAND.—Doctor Phelan, poor-law commissioner, has given up the care of his district to assistant poor-law commissioners, preparatory to his setting out on a tour of inspection of the medical charities of Ireland, under the 46th clause of the Poor-law Act.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

- A Manual of British Botany, &c.* By D. C. Macreight, M.D., &c. Pp. 296. Churchill.
- The Practice in the Liverpool Ophthalmic Infirmary.* By H. Neill, Surgeon to the Charity. Pp. 55. Longman.
- Report upon Deafness, when resulting from Diseases of the Eustachian Passages, &c.* By H. Neill. Pp. 51. Longman.
- Report of the Liverpool Ophthalmic Infirmary for 1839.*
- A Manual on the Bowels, and the Treatment of their Principal Disorders.* By J. Black, M.D. Pp. 240. Longman.
- The Invalids Guide to Madeira, &c.* By W. Cooper, Esq., M.R.C.S., &c. Pp. 116. Smith, Elder, and Co.
- A Treatise on the Art of Cupping, &c.* By T. Mapleson. Pp. 102. Wilson.
- The British and Foreign Review.* No. 21.
- AMICUS has our thanks.—The notice had been written.
- Advertisements for the Student's Number must be sent early.
- A Copious Index, with Title-page, will be given to render our Second Volume a complete digest of all that is valuable or interesting in the medical affairs of the period it refers to.
- DR. WEBSTER and his friends remind us of rats in a sinking ship. After their long and loud laudation of the Wakley-Warburtonian clique of Do-Nothings, they are jostling each other to show who shall most quickly acquiesce in the opinion we were first to propound—that Warburton was a traitor. Dr. Webster is the most active in 'cutting' the connexion with his former deities. A friend of his asserts loudly Dr. W.'s "fears and suspicions of Mr. Warburton for his past conduct. He opposed the appointment of the deputation at Southampton, and declined to accompany them, as he believed it would serve no good purpose.—As a proof of Dr. Webster's sincerity, he read the heads of a Bill to the Committee of Deputies, which he had drawn up himself with a view of embodying the opinions of the different Medical Associations.—I may as well take this opportunity," continues our Correspondent, "of stating that Dr. Webster and the Council of the British Medical Association are perfectly of your opinion, viz., that our efforts should now be directed to bring Medical Reform before the public, and to solicit their co-operation in a matter which concerns themselves, even more than it does the medical profession."—If Dr. Webster wishes to obtain a character for sincerity of intentions, why not circulate copies of 'his bill.' The Warburtonian clique have talked enough about 'bills'—is Dr. Webster's only talk? If he means well, he should send copies to all who ask for them, and especially to the public press.
- J. L. will find the Medical Witnesses' Act in the present number. The Vaccination Act we have already published.
- DR. FOLEY'S and MR. COGHLAN'S numbers were regularly posted. The fault is with the post-office, but when a copy is lost, we are always happy to supply the deficiency.
- MR. RALPH'S name was by mistake entered as Mr. Leigh! Hence the irregularity, which shall not occur again. One of the numbers has been, and the other will be, sent to him.
- R. A. T. had much better consult a respectable surgeon. Advertising doctors are generally quacks.
- RECEIVED.—G. T. B.—Report on Quackery, 1840.—Jasper Buddle—Mr. Garlick—Mr. N. T. Ryding—R. A.
- STUDENT.—The book was "received" by the *Lancet* before, and reviewed in due course. We shall now have a chance of seeing how he can blow his own trumpet; but our eye is upon him.
- DELTA and ASCLEPIADES received. Notes by post in a few days.

NEW

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THE MEDICAL TIMES.

THE ART AND MYSTERY OF PETITIONS TO PARLIAMENT.—DUTY OF REFORMERS.

It is almost unnecessary to repeat our expressed intention to force those whose interest and whose promises alike bound them to urge on the cause of Medical Reform, to do that duty from which, they thief-like, slunk, and traitor-like betrayed, or to place things so simply and plainly in the right light, that any man who had the will and the leisure, might take up the link which has been broken, and pilot the Medical Reformers to success. The pear is rapidly ripening. The public are sufficiently intelligent to feel and appreciate the dangers and penalties resulting to themselves, from the present gang of poisoners being allowed to stalk abroad, killing and to kill. The people at large are already upon the alert to declare that those who are ignorant of the mechanism of the human frame, are not fitted to undertake its reparation, or to help it through the struggle of disease. No man in his senses, and acquainted with the delicate mechanism of a watch, would take it to a blacksmith to be repaired, or trust it to the hands of any one who was ignorant of its nature and construction, nor would any one who was reminded of the intricate structure of the body by which he "lives and moves, and has his being," allow himself to be made the gull and victim of a creature whose only claim to the title of healer of the sick was impudence and temerity, and whose only diploma was a few red bottles. Thus ready to receive conviction, and thus waiting to be led on to the work of eradicating abuses by which they so deeply suffer, it remains only for those whose intelligence and sincerity fit them for the task, to will the advent of brighter things, by demanding the manifestation of the public voice in favour of Medical Reform. This must be done by petitions and public meetings,

and both meetings and petitions are very simple affairs when rightly understood. In February last, we suggested the form of a petition to be adopted by practitioners, and this form, slightly modified, we append. It may, wholly or in part, as the petitioners may think fit, be copied upon a sheet of large paper, be signed and forwarded to any Member of Parliament for presentation. There is but little trouble, and no difficulty therefore in any practitioner petitioning in his own proper person; while each petition swells the cry for improvement, and adds to the weight of the righteous demand. But there are others whose zeal or leisure will allow them to do more, and all such we would remind, that although the rules of the Houses of Parliament forbid the presentation of printed or lithographed petitions, yet *writing* a dozen petitions is no killing matter. A petition may be well included upon a folio sheet of draft paper, and sent by post to any corner of the kingdom for signature at the cost of twopence. Once signed, it is only necessary to inclose it in a wrapper open at the ends, to endorse it "Petition to Parliament," and direct it to *any* Member of Parliament. In due course it will find its way into the House, and have its influence in helping the good cause. In this way many may lend material assistance, while those who, involved in the hurry of full practice, have scarcely leisure or necessary relaxation, are well able to subscribe something towards a fund for raising petitions, and calling meetings to invite the public to join the profession. Such a fund is now in progress of collection, and we trust will be as ample as its usefulness justifies. In a short time we shall be in a position to speak more explicitly, with reference to a *working*, not a *talking* committee, to a knot of individuals who will devote some time to advance in earnest that which the Wakley-Warburtonian jugglers have been seven years *promising and professing* to advance—a small band to whom, honest, unflinching determination in the cause of truth, justice, and humanity, shall inevitably secure success.

"To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

"The Petition of —

"Sheweth,

"That your Petitioner deeply deplores the evil consequences ensuing, not only to his own profession, but to society in general, from the want of an adequate legal constitution for the Medical Profession of the United Kingdom of Great Britain and Ireland.

"That questions relating to the public health have not hitherto, in the opinion of your petitioner, received from the Legislature of this country a degree of attention commensurate with their importance. The laws which have been passed with a view to regulate medical affairs, have not been sufficient to guard the public against the pernicious practices of ignorant pretenders to medical and surgical skill, or to protect the educated and duly authorized practitioner from an unfair and unjust competition with persons who can produce no evidence of their having made a suitable preparation for the responsible and difficult duty of treating

the various diseases to which the human frame is liable.

"That impostors of every description are, in consequence, allowed to prey upon society; and empiricism, in its most aggravated forms, is suffered to pursue an uninterrupted and most dangerous career, to the detriment of the public safety, and the scandal of a great and civilised empire.

"That all persons who think fit are permitted to prepare and dispense every description of medicines, and to sell the most deadly poisons, without supervision or control. They are furthermore in the constant habit of taking upon themselves the task of prescribing for diseases with whose nature it is impossible they can be acquainted.

"That the colleges and corporate institutions which at this time preside over the medical profession, are wholly unequal to the correction of the abuses complained of by medical men. The constitution of these bodies is defective and objectionable in the extreme, they being for the most part governed by self-elected councils, the members of which are irresponsible. That the plans for the education and examination of candidates for medical practice, are not only absurd and unnecessary, but injurious to the cause of science, inasmuch as those institutions will ever be most resorted to by students which afford the greatest facilities, as to duration of study and strictness of examination, for obtaining their diplomas or licenses.

"Your petitioner, therefore, prays, that your Honourable House will pass an act to confer upon the medical profession a sound and efficient legal constitution, and place it under a system of government based upon such principles as shall protect the interests alike of its members and the public—enforce uniformity of education and examination for all who enter it—prevent illegal practice—and confer uniformity of privilege for practitioners throughout England, Scotland, and Ireland.

"And your petitioner, as in duty bound, will ever pray," &c.

CURIOUS QUESTION OF MEDICAL JURISPRUDENCE.

POISONING BY ARSENIC.

From our Paris Correspondent.

THE trial of Madame Lafarge, for the poisoning of her husband, is now in progress before the Court of Assizes at Tulle, in France.—This case is perhaps one of the most remarkable that has ever been recorded in the annals of crime. It is remarkable not only from the cool perseverance with which the young culprit pursued her victim by successive doses of poison, while lying on his sick bed, but from the extraordinary conflicting testimony between two parties of the faculty employed to detect arsenic in the contents of the stomach of the deceased victim, and in the drinks prepared by the wife for the execution of her diabolical purpose. As our object is solely to record the medico-legal points of this singular case, we shall very briefly advert to the other parts. The prisoner, a young woman, was married to the deceased by the instrumentality of a matrimonial agent in Paris. She was deceived in her pleasing anticipations, and immediately resolved on getting rid of her husband. As the marriage ceremony was performed in Paris, some hundred miles from the dwelling of the husband, the bride had no means of knowing beforehand the sort of residence to which she was to be conveyed. It had been represented to her as a chateau suitably furnished. Great was her consternation to find, on her arrival, that her chateau was a dwelling of the most ignoble description. A burst of indignation followed

this discovery; a letter was written to the deceiving husband demanding a separation, and expressing on the part of the woman a determination not to live with him. Attempts were made by the husband and his family to calm the unhappy woman. She at length feigned to yield, and resolved on displaying the most violent affection in order to ensure the success of her design of getting rid of the cause of her embarrassment by poison.

Business obliged the husband to go to Paris—the woman wrote him letters of the most amorous and romantic description, and these were followed by the present of a cake, with a request that he would partake of it at a given hour in the evening, before going to bed, at which precise period she was also to partake of a similar repast, so as to constitute what the French romantics call a "*repas sympathique*."

The cake transmitted to the husband was, as may be expected, poisoned; and the culprit, to screen herself, in case of the death of her victim, had entreated the mother to make certain cakes for the occasion, and to address a letter to her son, stating that she *herself had made them, and requesting that he would eat them for her sake*. The letter was sent, but the cakes, six in number, made by the mother, were exchanged for the poisoned one.—The husband, on receiving the cake, partook of a portion, which produced colic and frequent vomiting, yet without exciting any suspicion of the cause of those symptoms. In a few days he was sufficiently recovered to return home, where the diabolical act was to be renewed unto death. On his arrival, he was so much indisposed as to be obliged to go to bed. The wife invited him to partake of fowl and truffles, which he accepted, and the colics and vomitings again recurred. A physician was called in, who had no suspicion of the cause of the symptoms. The wife became a most assiduous and tender nurse, plying him with tisanes of various sorts, as prescribed by the doctor, but to each of which she added a portion of arsenic—a piece of flannel employed for the purpose of rubbing the limbs and parts in pain, was also impregnated with the same mineral, as appeared from a chemical examination after the death of the victim.

At length another physician was called in; the disease had made such progress as to leave no hope of recovery. The circulation was scarcely sensible, the heart pulsated irregularly—vomiting and hiccup was continual. Syncope was frequent, and an icy coldness menaced approaching death. The physician did not hesitate to ascribe the symptoms to poison, and so expressed himself to the dying man. "What! said the latter, do you think so? Try and discover the hand that has done this, and I will assuredly prosecute." But death almost immediately put an end to his sufferings.

On dissection, the stomach and its contents were carefully analysed, and arsenic was found.—The remaining parts of the tisanes and drinks administered to the victim were submitted to analysis, as in the following report of the medical experts:—

We, the undersigned Doctors of Medicine, report, that on the requisition of the Judge of Instruction, attached to the Tribunal of St. Breves, we assembled on the 19th of January, 1840, in order to analyse the divers alimentary matters and other liquids taken from the stomach of Charles Lafarge, deceased, at Glandier, on the 14th of January. We have taken parts of these divers matters, and have analysed them as follows:—

Lait de Poule.—(A mixture of yolk of egg, with sugar and water, which the patient drank.) We poured out a portion of the *lait de poule*, and dropped into it a small quantity of hydro-

sulphuric acid, which produced a yellow flaky precipitate, perfectly soluble in pure liquid ammonia. We dried a portion of the precipitate, and having mixed parts of carbonate of potash and charcoal with it equal, we introduced the mixture to a tube of glass, which was heated to redness. Grey and shining granulations were deposited in the glass, which we considered to be arsenic.—Another portion, which was thrown on the heated charcoal, emitted a white vapour with alleaceous odour. The vapour was received on a plate of polished copper—a drop of a solution of dento-sulphate of ammoniacal copper was put upon it and became green.

Toast and Water.—We filtered this liquid—a part was treated by hydro-sulphuric acid, and gave a flaky yellow precipitate, soluble in pure liquid ammonia. The residue of the toast and water, on being dried and submitted with equal parts of carbonate of potash and charcoal to a red heat, in a tube of glass, brilliant spots were produced on the surface of the glass. Are these metallic arsenic? We think so.

Sugared Water.—Filtered and treated by hydro-sulphuric acid, it became yellow, and on the application of heat, it deposited a yellow precipitate, which was soluble in ammonia.

PNEUMONIA TREATED WITH SPIRITS OF TURPENTINE.

BY J. MARTIN, ESQ., OF MAYFIELD.

I WAS called on this day (May 3rd, 1840,) to visit Mary Slattery, aged 25. I found her in an advanced stage of pneumonia; severe dyspnoea; respiration 40; pulse 120; a short hard cough, accompanied by dark brick-coloured sputa; tongue white, loaded; bowels confined; dull sound on percussion over the entire of the thorax, excepting a small space, of two inches in diameter, beneath each clavicle. Here the respiratory murmur, which was elsewhere absent, was of a loud mucous character. She had been attacked six days before with rigors, and pains in her chest, and having been treated solely with whisky punch to drive out the cold, her present state was extremely alarming.

Injiciatur enema catharticum statim.

V. S. ad 3xij.

R. Calomelanos, gr. iij.

Opii, quartam partem grani fiat pilula.

Sumat. talem 3tiis horis.

Applicetur emplastrum lyttæ sterno.

May 4th.—The bleeding which was had recourse to, with the hope of alleviating the urgency of the dyspnoea, afforded some temporary relief, but reduced her strength very much. I find that through the negligence or carelessness of the girl's attendants, she has taken but two pills, and the blister was not applied; respiration more hurried; pulse 140, extremely feeble; lips and cheeks livid; eyes sunken; sputa as yesterday; stethoscopic symptoms the same as yesterday, but accompanied by slight tracheal râle. The enema produced two evacuations through the night. Thinking the patient so near death, that it would be fruitless to wait for the action of mercury, and at the same time wishing to afford her any chance that remained, I determined to have recourse to brisk doses of turpentine, which I had seen used with success by my friend, Dr. Mackesy, of Waterford, in cases of pneumonia which resisted mercury. I therefore prescribed the following mixture:—

R. Spt. terebinthinæ rect., 3ij.

Vitelli ovi dimidium.

Aquæ rosarum, 3vss.

Tinct. opii, 3i.

Fiat mistura cujus coch. duo magna sumantur 3tia q.q. hora.

Emplast. lyttæ sterno.

May 5th.—I found the patient much easier; respiration 40, less laboured; the cheeks have lost their livid hue, but the lips are still of a dark purple; pulse 118, softer and fuller; tongue still loaded; she had six copious watery stools during the night, with a copious secretion of urine; two inches below the clavicle, there is an audible and distinct crepitating râle—sputa still dark coloured—blister vesicated well—she has finished the mixture—complains of slight strangury.—To have the mixture repeated, camphor mixture being substituted for the rose water.

May 6th.—I was surprised to find an extraordinary improvement since yesterday; respiration 34, free; slept well during the night; her countenance resuming its natural appearance; the crepitating râle can be heard as far down as the right mamma, and in the left axilla; expectoration profuse, but slightly streaked with blood; frequent watery discharges from bowels; complains very much of pain from strangury.

Intermittatur mistura.

Habeat haustum anodynum vespere.

7th.—Slept well, but has some headache; cough more troublesome; other pectoral symptoms as yesterday; bowels not moved since last visit; pulse 100, full and soft.

Rept. mistura; sed capiat 6ta q. q. hora tantum.

9th.—I was not able to visit the patient yesterday; but, on this day, I was agreeably surprised to find her nearly convalescent; respiration only 28, easy; still some cough, but no bloody sputa; a slight mucous râle over the entire of the chest, except a small portion of the inferior part of the right lung, which is still impervious; she sits up and takes nourishment freely.

R. Tinct. opii. camphor.

Vini ipecacuanhæ, a.a. 3iv.

Syrupi scillæ, 3ss.

Syrupi simplicis, 3i.

Mucilaginis, g. a. 3vss.

Fiat mistura, cujus capiat coch. ij., magna ter quotidie.

The patient living at some distance, I did not see her for a fortnight, when I met her at market apparently in perfect health.—*Dub. Med. Press.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 5th September, 1840:—

Epidemic, endemic, and contagious diseases	199
Diseases of the brain, nerves, and senses	151
Diseases of the lungs, and other organs of respiration	206
Diseases of the heart and blood-vessels	14
Diseases of the stomach, liver, and other organs of digestion	96
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	4
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	93
Old age, or natural decay	49
Violent deaths	34
Causes not specified	3

Deaths from all causes..... 857

IN THE PRESS.—The History of the Early and Present State of Syphilis Examined; wherein is shown that Mercury never was necessary for its Cure, &c. By Dr. Weatherhead.

REVIEWS.

First Principles of Medicine. By ARCHIBALD BILLING, M.D., &c., &c. London: Highley, 1838. Third Edition. 8vo. Pp. 288.

LORD BACON is said to have burnt a barrowful of books because he could find no *principles* in them. The medical works of the present day, in a similar condition, would overload the barrow of a Brobdignac, and it is to supply this defect that Dr. Billing has published the very useful work before us. He "begins at the beginning," stating,

I was originally led to publish this treatise by a recollection of the difficulties I had met with in the study of my profession, and by the hope that I might aid in removing them from the path of others.

Upon commencing the study of medicine and surgery, after having become acquainted with the more precise physical sciences in the University, I was appalled to find it a complete chaos. Our family physician, really a man of great talent, and one of our professors, disheartened me by his answers. I inquired, "What is fever?"—Answer, of course, Cullen's definition. "But what produces it?"—"Sometimes one thing, sometimes another; excessive cold or heat, or the effluvia from a person who has fever." "But what is the cause of the phenomena in the body?"—"Spasmodic contraction of the extreme vessels." I could understand that cold might contract the extreme vessels, but I had been taught by the professor of chemistry that caloric expanded every thing. And, again, I did not see how effluvia produced spasm, nor how the spasm, even if it were produced, could make the skin extremely hot as well as cold. I was advised to read Cullen, and did so; but without finding the information I sought. Again I asked, "When you give a dose of rhubarb or castor oil to stop a diarrhoea of several days' standing, how does it effect this object?"—"By clearing away the peccant matter." "But would not the diarrhoea scour away this peccant matter itself?"—"Not so well." This did not satisfy me.

Neither could the surgeon clear up these points: "for his part, he did not pretend to understand physic." I "walked" the hospital at his elbow as dresser, and inquired, "Why do you apply a cold lotion to that inflammation?"—"To moderate the action of the vessels?"—"Inflammation, then, is over-action of the vessels?"—"Yes." "Why do you apply that astringent (goulard or nitrate of silver) to that other inflammation?"—"To diminish the action of the vessels." Now, the action of the vessels being contraction, my logic did not enable me to comprehend him; so, after asking why he put a cold lotion or poultice on one inflamed part, and a warm poultice or fomentation on another, and being told that I should find out by experience, I resolved on attempting to find out for myself.

I accordingly set seriously to work, and endeavoured to draw up a little code of general principles for my own use, as I could find nothing of the kind existing. The so-called systems of Cullen, Brown, Broussais, Rasori, &c., seemed mere individual opinions, totally differing from each other; and which was I to follow? Each of their originators appeared confident in himself, and despised his adversary; while their followers almost came to blows, arguing as much for victory as the love of truth. I visited the different schools: the students of each hinted, if they did not assert, that the other sects killed their patients; but I found that, provided the physician of each school was a man of talent and experience, the mortality was fairly balanced. I therefore concluded that, on investigation, some true general principles would be found to exist by which the apparent inconsistencies of correct practice might be reconciled, and the contest between such systems as were essentially at variance be decided. But, though innumerable volumes of cases, and interminable heaps of insulated precedents, were to be met with, no treatise upon first principles had appeared.

After twenty years of intense application to cli-

nical practice, as student, assistant, and professor, I found the same acknowledged necessity for reducing the conflicting systems of medicine to general principles; and I therefore ventured to publish the result of my own labours, compressed into 130 pages.

After rather a long-winded introduction on points of priority, more interesting to Dr. Billing than to his readers, we have a sort of physiological proem, written in a very singular and not unpleasant manner. We do not wish to enter on the interminable question of the vital contractility of arteries, or we might think it worth while to extract what our author says upon this subject, more especially as he gives a lively statement of the views adopted by Magendie and other plausible writers with whom a grain of theory outweighs an ounce of common sense.

We have not space to pursue Dr. Billing in his disquisitions on the nervous system, the doctrines of determination, inflammation, granulation, ulceration, the reparatory process, and the physiology of secretion. Each of these subjects are treated with much ability, especially the manner in which the prevalent error is combated, that the reparative process is a species of inflammation. Dr. Billing agrees with Dr. Macartney that the effusion of lymph is *subsequent* to inflammation, though neither here, nor where he adopts the views of Magendie, does he lead his readers to suppose that which he writes is not entirely original. He entertains some peculiar notions on specific remedies, and we shall leave their truth to the judgment of the reader.

MODUS OPERANDI OF SPECIFIC MEDICINES.

It was long before I could account for what are called the *specific* effects of such remedies as mercury, arsenic, colchicum, &c. We can understand thus far, that the membranes, cellular tissue, skin, and parts which are very vascular, under common inflammation run a rapid course of disease, and are relievable by active antiphlogistic means; but when parts are attacked by specific inflammation, which is produced by a morbid poison, and which is slow in its progress, or when the tissue inflamed is one of dense structure with very minute capillaries, depletion, or taking off the *vis à tergo*, has little or no effect on those capillaries; and we are obliged to resort to what have been called specific medicines, such as mercury, arsenic, &c., which make them contract. Here we are supplied with analogies to help us in the prosecution of the cure of diseases with other remedies; in cases when the so-called specific either fails or disagrees; which being ascertained, the specific use of the medicine ceases—it ceases, in fact, to be a specific. For instance, at one time no remedy was known except mercury against the chronic inflammation produced by the syphilitic poison. Now, taking my view of the proximate cause, we should deduce, *à priori*, that iodine might cure it, or that rigid diet and such remedies as meze-reon would do so, by their effect on the capillaries; which has, in fact, been empirically proved to be the case. But it may be said, I have got no farther than the empiricism; on the contrary, I have no doubt that arsenic would answer, but that, again, is not a fair example, as it is already used empirically in India; but iron would answer, only, not being so powerful, it would require the inconvenient adjunct of a rigid diet, as meze-reon does. Again, I have no doubt that, on principle, colchicum might be substituted for meze-reon; or antimony, silver, or copper, for the other chemical remedies; gold has been tried, and found to succeed. But though it be useful to have other means, when we cannot employ the ordinary one, we need not resort to a hatchet or a pen-knife to cut bread with, when we have a table-knife at hand; nor have recourse to anything in preference to mercury for the cure of syphilis, from an apprehension that it may disagree, because in one of a thousand or a hundred cases it is found to do so. It is better to learn to

modify it, by combining opium, &c., with it, to correct any inconvenience when it occurs, and when, of course, it is necessary to be able to bring analogical remedies into play.

The specific which puzzled me most and latest was sulphur for itch; but now the mystery is satisfactorily cleared, and we see why more powerful drugs taken internally could not cure it. Its cause being a parasitic animalcule, it is easily removed by rubbing on sulphur, which kills the little animal in his lair; whereas he could not be hurt by the remedies that cure these eruptions which are a disordered state of the capillaries, and which are easily affected by the remedies as they circulate through them. Therefore, as they are other substances which can kill the animalcule, though perhaps none so conveniently as sulphur (corrosive sublimate, for instance, might salivate before it could cure the itch), one more specific is struck off our list. As for colchicum being a specific for gout or rheumatism, it is no such thing; there are several equally efficacious means of treating either. Again, there is no single specific for tic douloureux; cases have been cured with liq. arsenicalis, in which iron had failed, and *vice versa*; and I have cured a case with carbonate of iron, combined with M. Labeaume's galvanism, which I was told had held out against all the usual modes of treatment. Tic douloureux may also be sometimes cured better by quinine or opium, with bark or quinine, than by any other medicine; sometimes mercury, &c. &c., are necessary. Bark is no longer a specific for ague; we can cure it with arsenic, and the other remedies which cure neuralgia or neuritis, which ague is in fact.

About thirty pages follow on the actions of stimulants, sedatives, narcotics, and tonics, which are well worthy of perusal. Some remarks on morbid sensibility are also good, though somewhat too dogmatical. Some of the practical remarks, however, are well worth attention:—

A reference to the direct or sympathetic operation of the nerves upon the capillaries will guide the surgeon in the application of cold or heat, &c., and explain why cold occasionally does mischief, instead of putting back a tumour, when applied for that purpose. If inflammation exist, as after an accident, in a healthy person, or if the reparatory process be going on, the injecting force of the heart, though natural, being too great for the weakened state of the injured vessels of the part, cold usually gives relief, by constringing the vessels and diminishing the sensibility of the nerves. If, on the other hand, from the constitution being unsound, or from other causes, there be diminished vitality in the part, or a weak nervous system, warmth will generally relieve, by stimulating the weak nerves of the capillaries. Goulard is sometimes too sedative. Tincture of opium, combined with astringents, is useful as a collyrium, in cases where belladonna would be too sedative. I have seen the latter prescribed in cases of deficient nervous energy, where, of course, it produced an increase of the debility, which was subsequently relieved by the more stimulant application. Local stimulants have an effect analogous to heat; for though in excess they expend the nervous influence too rapidly, so as to produce inflammation of a sound part, in moderation they are highly useful in some cases of local inflammation, where the nerves are languid; while general (diffusible) stimuli, which produce intoxication and raise the pulse, would be injurious; as we see exemplified in the effect of capsicum in quinsey and scarlatina, in which it is highly beneficial to the mucous membrane as a gargle, or swallowed, when wine would aggravate the accompanying fever, as well as the inflammation, by increasing the *vis à tergo*. This distinction is not in general sufficiently understood or acted upon, and is the reason why students cannot understand how cubeb pepper cures inflammatory affections, such as leucorrhœa, gonorrhœa, &c., in which the capillaries of the part are in a state of relaxation. From this misunderstanding, pepper is frequently forbidden as a condiment in various cases where it would be useful in promoting digestion, and preventing flatulence. In order to show that pepper

is not injurious in discharges, I had an artificial cubebs made (combining the terebinthinate and piperine properties), of two parts of juniper-berries, and one part black pepper ground together, which I used with the same good effects as cubebs, and induced some other physicians and surgeons to try it also. The beneficial result in several hundred cases was the same as when cubebs had been employed. One reason why pepper has been supposed inflammatory, is, that high living is so; but that is not from the pepper which is employed in the made-dishes, but from the wine taken, and over-eating. It has been long known that Ward's paste, so celebrated for relieving the inflammation of hæmorrhoids, owes its efficacy to black pepper. Many are afraid to use cubebs in gonorrhœa; many who do use them start at the proposal to prescribe pepper. The quickest and best cure of the disease I have seen was one where the patient, through a mistake as to the verbal directions given, took cubebs in table instead of teaspoonsful, three times a day, and thus consumed two ounces of cubebs, and was perfectly cured, in forty-eight hours. This was not a chronic case, or gleet, but a recent severe one, with ardor urinæ, &c. The prejudices of education make us start at novel facts; but in public institutions, where there are opportunities of prescribing a remedy ten or twenty times per week for years, we can draw inferences which may be depended upon; and when a host of facts are brought forward in evidence, credence is given to the general principles, which would not otherwise receive attention. Ol. terebinth. in doses of from three to ten drops, in mucilage or emulsion, is analogous to cubebs in its action; and I used it for the same diseases, before cubebs was revived, like croton oil, from the old pharmacopœias. The ol. terebinthinæ sometimes irritates the kidneys; and though this inconvenience may be overcome by combining some opiate with it, yet as the latter tends to confine the bowels, the cubebs, having rather a contrary effect, is preferable to the combination. Creasote much resembles ol. terebinth. in its action, and is even more antispasmodic than the terebinthinate essential oils, as we see by its efficacy in stopping hysterical vomiting, &c., of which there have been numerous cases published in the periodicals.

Blisters act upon the same principle as heat, electricity, sinapisms, capsicum, croton oil, acupuncture, &c.; they all appear to produce an increased influx of nervous influence to the part, whereby the capillaries in the neighbourhood acquire an additional power of contracting, so as to resist inflammation and inflammatory effusion. This we see, when they are employed, in bronchitis, rheumatism, erysipelas, the "housemaid's" swollen knee, &c.; in the last, it has been commonly said they promote absorption, whereas, in fact, they stop inflammatory effusion from the capillaries; and as soon as this is effected, the absorbents carry off the fluid already effused.

We have lately given so much space to the subject of fever, that we cannot follow Dr. Billing through his remarks on this subject. Many of them are fallacious, others sensible and judicious. The remarks on the neuroses also are those of a sound practical man. These remarks have brought us through about 200 pages of the Doctor's book; the remaining 80 are taken up with a singular *hodge podge*, in which ague, cholera, epilepsy, tetanus, hydrophobia, influenza, rheumatism, dropsy, homœopathy, catarrh, phthisis, and cutaneous diseases, figure together in inextricable confusion, though the observations on each and all are exceedingly good, if we except one or two crotchety notions on ague and cholera. We give the author's concluding paragraph, that he may explain his own intentions:—

In the foregoing pages I have endeavoured to lay down general principles, which may apply to the particular cases of disease as they occur—these principles being deduced from physiology; and for the explanation of pathological phenomena, I have referred to the action of capillaries and nerves—nerves and capillaries together, not artificially

separated, but as they exist in nature—ramifying with and supporting each other throughout; for by their combined action upon the blood sent to them by the heart, they produce the phenomena of health—in their deranged actions they create disease. I have also tried to explain the nature of remedies; and I have only to add that, in applying them, though not a moment should ever be lost, we must have patience in allowing them to act; and that, though inert practice is mischievous, the safety of the patient depends upon *ne quid nimis*.

On the whole, we must say, that if Dr. Billing is not so successful as he appears to think he has been, in laying down first principles, it is not so much from any want of talent, industry, or experience, as from the nature of his subject; for we can, even in the present day, almost say with Hippocrates and Celsus, that medicine is a conjectural art, and admits of no definite rules. The work is well worthy of a careful perusal from every one who wishes to "give a reason for the hope that is in him."

Treatise on the Ear, including its Anatomy, Physiology, and Pathology, &c. By JOSEPH WILLIAMS, M.D., &c. Churchill.

MEDICAL authors of the present day may be divided into two general classes. First, those who write for bread and butter, and secondly, those who "seek the bubble reputation even in the critics' mouth." Of the latter there are several subdivisions. Young men who hope to write themselves into notice, and old ones who hope to keep their younger rivals down, neither party having much regard to the quality of their wares. Then we have a few who patiently plod over the works of their predecessors, cull their beauties to the best of their ability, (which in many cases is not overwhelming,) and add any little point their memory or imagination can suggest from hospital experience. The essay of Dr. Williams appears to be one of this character, taking a fair moderate average among such works, neither exhibiting great superiority of literary or practical talent, nor blamable ignorance. The first twenty-eight pages are taken up with a common-place description of the anatomy of the ear, and the succeeding thirty with the comparative anatomy of the different parts of this organ. This chapter does not give a favourable impression of the author's abilities, as it consists of mere dry detail. The third chapter is just such an essay on sound as a school-boy would compose for a prize thesis, by condensing the article SOUND from some Encyclopædia, or some popular treatise on physics. The fourth is on the physiology of hearing; but neither in this nor that on the comparative anatomy does the author show the adaptation of structure to the habits of different animals in anything like a satisfactory manner. A single page of Paley is worth a volume of such milk-and-water scribbling. Dr. Williams, however, improves as he gets on to the pathology and treatment of Auricular Diseases. He commences with the auricle, speaking of the effects of wounds, inflammation, erysipelas, &c., upon it, and proceeds to the meatus externus, treating this after the same fashion. He gives some cases proving the necessity of extracting foreign bodies, and the danger of inflammation of the internal ear spreading to the brain. We extract rather an interesting case bearing on these points, which the author has taken from an Italian journal:—

CASE.—Carlo Bruni, a healthy man, twenty years of age, was pricked in the left ear by a needle, which entered directly into the meatus; he screamed out, and fell down senseless. He was immediately bled and well purged, and after the venesection, somewhat recovered his senses, but

remained delirious for three days, after which time he was carried to the clinique of M. Speranza. The auditory canal exhibited no traces of any injury, nor was there any discharge; the patient was pale, lethargic, and often moved his hand towards his head. He was repeatedly seized with convulsions of the whole body, but especially of the left side of the face; respiration was stertorous, and the pulsation of the heart very slow. He died on the fourth day after the accident.

On examination, the membrana tympani was found lacerated; the cavitas tympani filled with pus; the auditory bones were displaced, and not adherent to one another, nor to the parietes of the tympanum. The stapes could not be found; the membrana fenestræ ovalis was lacerated; the chorda tympani was torn; the vessels of the membrana of the semicircular canals, cochlea, and vestibule, were much injected, and the nerve contained in them completely disorganized; in the vestibule, two fragments of the stapes, its base, and one of the branches, were found. The arachnoid exhibited evident signs of previous inflammation; the pia mater was covered with sero-purulent fluid; the cortical substance of the brain was very vascular and firm; the portion of the brain in contact with the temporal bone was filled with blood, of which also a considerable quantity was extravasated between the dura mater and the petrous bone.

To this the following may be well appended:

It ought always to be borne in mind by the practitioner, that whenever there is severe pain in the ear, either with or without discharge, there may be danger of brain disease.

CASE.—Itard mentions the case of a soldier who was admitted into the hospital for pleurisy, from which he was relieved. On the sixth day he had an attack of cephalalgia, with intense lancinating and pulsating pain in the ears, particularly in the left. The man died two days after the appearance of the cephalalgic symptoms, being the eighth day after admission.

On inspection, the left ear, which had been the seat of most acute pain, did not present traces of a very intense inflammation; the membrana tympani had neither lost its tenuity nor its transparency. The cavity of the tympanum and the mastoid cells presented no mucous congestion, although the membrane which lines those cavities was of a very deep red, as well as the lining membrane of the Eustachian tube; this canal was perfectly pervious, leading us to suppose that the mucus passed through it. That part of the dura mater which lines the petrous portion on its anterior and posterior faces, was attached to the brain by recent adhesions; it was red, thickened, and detached from the petrous portion, which had already a dark colour, (une couleur terne.) There was between this bone and the membrane nearly half an ounce of a gelatinous and transparent fluid.

Otorrhœa, Otolgia, with some other affections and their treatment, follow; and the author proceeds to treat of inflammation, ulceration, and laceration of the membrana tympani, the influence of an aperture in it on hearing. As the subject of diseases of the Eustachian tube is now attracting so much attention, we make an extract from the chapter, though the author does not seem to know much of the matter.

Obstruction of the Eustachian tube takes place from inflammation, erysipelas, enlarged tonsils, inspissated mucus, polypus in the posterior nares; from adventitious deposits after bad cases of ulceration or syphilitic sore throat, especially if sloughs have existed. To ascertain whether the Eustachian tube is obstructed, desire the patient to close the mouth and nostrils, and then force air from the mouth into the ear, when, if this tube be free, an unpleasant pressure will be experienced upon the membrana tympani. Should any doubt still exist, it may at once be cleared up, by the introduction of a small bougie through the posterior nares into the Eustachian tube. Obstruction of the Eustachian tube may be temporary or permanent. When it is completely obliterated, nothing can be done. Some have suggested the dan-

gerous practice of perforating from the pharynx into the tympanum.

If the tonsils be large, and press upon the pharyngeal opening of the Eustachian tube, they must be removed by excision or ligature: the latter is the more preferable and less dangerous operation. In those cases of chronic inflammation of the fauces, so frequently met with in delicate persons, the application of a strong solution of the nitrate of silver, by means of a sponge, will very frequently remove this troublesome complaint. This was the plan of treatment first suggested, and so successfully adopted, by the late Mr. Vance, who met with so unfortunate a fate.

In recent cases of partial obliteration and thickening of the mucous membrane, even when adventitious deposits may have taken place, mercury, so as to affect the system, will sometimes cause absorption of these deposits. Iodine has been highly recommended in these cases; it is particularly useful in chronic enlargement of the tonsils, and in ulcerated pharynx dependent upon syphilis even when gangrene has commenced; its action is evident in a few hours; I have seen ulceration checked, and ulcers assuming a healthy appearance within twenty-four hours after its administration.

It has been mentioned that one of the effects of inflammation of the tympanum and Eustachian tube is an increased quantity of mucus, some of which frequently becomes inspissated, and completely fills up this tube, thereby causing deafness. Monsieur Guyot, postmaster at Versailles, endeavoured to remedy this defect on his own person, and having relieved himself, submitted his operation to the Academy of Sciences. He proposed injecting the Eustachian tube, by passing the instrument through the mouth; an operation which required no small degree of address in performing. M. Petit first proposed, and Mr. John Douglas first demonstrated, the possibility of passing the nozzle of the syringe through the nose into this tube; and Mr. Wathen acknowledges himself indebted to Mr. Douglas for his knowledge of this operation.

Mr. Wathen says, "I first introduced my probe, a little bent at the end, through the nose, into the tubes of several dead subjects; and having thereby acquired a facility, I did the same on a person that was very deaf, and on whom all other means had proved ineffectual. No sooner had I withdrawn the probe, than he said he could hear much better. This success excited my further endeavours, so that I had pipes of different sizes adapted to a syringe; I have since injected the tube in the following manner with success:—

"The pipe is made of silver, about the size and length of a common probe, and a little bent at the end; this being fixed to an ivory syringe, full of liquor, (viz. a little mel rosarum in warm water,) must be introduced between the ala and septum of the nose, with its convexity towards the upper part of the aperture of the nares, and thus continued backwards and a little downwards, till it comes near the elliptic orifice; then its convexity is turned towards the septum, by which the inflected extremity enters the tuba Eustachiana with ease; the liquor is then impelled through it into the tube, by which the sordes, if any, being diluted, is washed out and regurgitates through the nose or mouth, or both, with the injection; and, if the quantity be large, may be seen." Mr. Wathen then mentions six cases, where all were benefited, and some completely cured, who had been previously exceedingly deaf. This operation has been performed and recommended by Douglas, Cleland, Wathen, Sabatier, and Leschevin. Bell, Portal, and Trucy, have thought it next to impossible to inject the Eustachian tube through the nose, on account of the irritability of the Schneiderian membrane.

The section on Deafness is very poor; but we have exhausted our space, and can only add, that while the work of Dr. Williams exhibits more industry than talent, it may certainly be read with profit, if not with pleasure. A few second-rate plates are appended, and the book, on the whole, is shabbily "got up."

A Grammar of the German Language. By H. APEL. Senior.

THE great value of a knowledge of German to the medical inquirer, renders that language a most desirable acquisition. H. Apel has wisely discarded the plan of the older grammarians, and followed the truly philosophic system of Grimm. The result is, that we are furnished with a concise grammar of this purest of Teutonic languages, which is valuable to the student from the simplicity of the rules, and creditable to the author as evincing his right to the praise of being a philosophic philologist.

EXTRAORDINARY OPERATION, PARIS.

SUCH is the title given here to a case in which the tendons of forty-two muscles were subcutaneously divided by M. Guerin, in one patient, for the removal of deformity in so many parts of the body. The interest excited by this field-day was so great as to attract to the bedside of the patient a considerable number of the most eminent practitioners from various parts of the world. Among whom were Arendt, surgeon of the Emperor of Russia, Valentine Mott, of New York, Dowbowitsky, of St. Petersburg, Begin, Rayer, Ribes, Foville, Chervia, Delherbe, Doune, Fievée, Jacob, Kuhn, Levy, Parise, Valenciennes, of Paris, Bataille, Boucher, Navart, Noble, Penard, and Vitry, of Versailles.

As the subcutaneous incision of tendons, when the air is carefully excluded from the wound, is followed by no suppuration, inflammation, or any constitutional disturbance, the operation on forty-two tendons is not in reality more extraordinary than the incision of any one of them; but the case is important to record, on account of the vast amount of deformity which many surgeons would have hesitated to believe within the reach of art.

The division of the forty-two muscles was effected by means of only twenty-eight punctures in the skin; and the muscles were as follows:—

On the Trunk.—The great pectoral.

At the Elbows.—The two bicipites, the two pronators, the two anterior radials, the two superficial flexors, the two small palmars.

On the fore-arms.—The isolated tendons of the two anterior cubitals, the four great and small palmars, the two great abductors of the thumb.

At the Knees.—The two sartorii, the two crural bicipites, the two semi-membranous, the two semi-tendinous, the two inner recti, the two external lateral ligaments, the fascia lata.

At the feet.—The two tendons of Achilles, the two anterior crurals, the two common extensors, the two extensors of the great toe, the two anterior peroneals.

The operation lasted an hour, and was performed with very little pain to the patient. The inflammatory action supervened, and on the third day the external openings were cicatrized. The arms and legs are in part restored to their natural direction.—This universal deformity arose in consequence of a fall and shock of the nervous system, during his infancy, which had produced a contraction of all his limbs. Extension by mechanical means had been tried without the slightest beneficial result.—It will be remarked that the success of these operations is only partial. Perhaps other incisions may be necessary for complete success. M. Guerin, in his report to the Academy of Sciences, says not a word as to the result.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—SEPT. 8.
(From our Paris Correspondent.)

Imposture of Magnetism Detected.—M. DOUBLE reported the particulars of a magnetic farce, at which a committee of the Academy was officially present in the apartment of Dr. Teste, a disciple of Mesmerism. A letter addressed to the committee by this magnetiser, appointed a meeting at seven o'clock, to behold a somnambulist, who was to read printed letters encased in a box impenetrable to the eye. Accordingly Drs. Double, Dubois, (d'Amiens,) Girardin, Chomel, Louis, Cornac, and others forming the committee of the Academy, were in attendance at the time appointed.—The committee found a box at the house of the magnetiser, which was destined for the experiment; but Dr. Double thought it quite as convenient to use his own box, and therefore provided one of wood, and another of pasteboard, each being as large as an octavo volume. The committee placed within one of the boxes six lines of a translation of Sallust in large type, and the lid was sealed in two places. The somnambulist arrived, and after gracefully saluting her spectators was placed in an arm-chair, and was magnetised in a few seconds. In answer to a question of the operator while somnambulized, she promised to read in ten minutes, and the committee patiently waited in silence. The box was given to her, she turned it about in all directions, in doing which she tore off one of the seals, which Dr. Double charitably ascribes to accident, but she was strongly enjoined not to trip it again by removing the other seal. The ten minutes elapsed, then twenty, then half an hour, and the damsel was not one whit nearer the mark. She was asked if she could see the printed lines, to which she replied "Yes." "How many are they," said the examiner? "Two," replied she; (but there were six.) She was urged to read, which she immediately affected to attempt, and read "Nous sommes;" she then stopped short, and admitted that she could not read. The words "nous sommes" were not in the printed lines.—After the farce had continued three-quarters of an hour, the experiment was closed, and the magnetiser, with his fair somnambulist, seemed to be excessively embarrassed.—Dr. Double proposed to the Academy no longer to give ear to this quackery, and in future to treat the proposals of the magnetisers, like those of the quadrature of the circle and perpetual motion, with contempt. "It is high time," said he, "to recommend M. BOURDIN to withdraw his proposed prize, and to break up the committee."—M. MERAS observed, that the functions of the committee would expire at the end of October, which, according to the programme of M. Bourdin, is the time for the adjudication of the prize.—M. GERDY said, notwithstanding that circumstance alluded to, the Academy would do well to repudiate every communication on this subject, inasmuch as the magnetisers find the means of making dupes by using the name of the Academy. These *chevaliers d'industrie* are a real pest to society, and it is important to bring their imposture to light. "A few days ago," said the speaker, "I was present at a farce of the same description as we have just had described. It is impossible to suffer the continuance of these impostures." (General marks of approbation.)—(The English reporter of this academical sitting may add one fact which he would have kept in silence, but for the interests of truth. A relative, who was a student in medicine at the time of the magnetic mania of the University Hospital, became more intimately connected with the principal heroine of that comedy than was consistent with rigid virtue. In their soft tête-à-

têtes, the gullibility of Elliotson and his disciples was a source of continual glee and laughter. They were frequently visited by the other strumpet, and the exploits of the two damsels were a continual topic of conversation.)

Aneurism of the Primitive Carotid, cured by the Operation of Brasdor.—M. LARREY reported a case of aneurism of the carotid, successfully operated by M. COLSON.—The reporter, however, does not think favourably of the method, and concludes that it should be abandoned. The method which he prefers when the ligature cannot be applied between the tumour and the heart, is to place *moxas and ice* upon the tumour, with the general treatment of profuse bleeding, as recommended by Valsalva. He adduced several instances of cure by this plan, and presented several drawings in illustration.—M. BLANDIN differs from M. LARREY, without offering any opinion as to the merit of the treatment by *moxas and ice*; he thinks the method of Brasdor of great value. "At all events," said he, "if it is admitted that sometimes *moxas and ice* fail, why should not Brasdor's plan be tried? why abandon a plan that has been successful, at least in some cases?"—M. BRICHETEAU had seen the case cured by M. Colson; the tumour was reduced to a solid mass about the size of a nut.—M. VELPEAU agreed with M. Blandin, that in the present state of science the method of Brasdor, renewed latterly by Wardrop, is a valuable method, which must be had recourse to when others fail. The successful cases are in the proportion of six to twenty operated. It is more peculiarly applicable to the primitive carotid, which presents no collateral branches between its origin and its bifurcation; when tied between the tumour and the capillaries, the artery is in the same condition as if the ligature were placed between the tumours and the heart—not so at the groin, where the branches, which come off from every point, keep up the circulation in the tumour, and impede the consolidation of the clot. In the brachio-cephalic trunks, the operation has succeeded several times. M. V. thinks with M. Larrey, that it may be dangerous in some regions, but affirms that it is almost indispensable in others.—M. GERDY expressed similar opinions, but as to the treatment of M. Larrey, he ascribed the effect to the ice, and not to the *moxas*; to this M. Larrey replied, that he could present to the Academy cases cured by *moxas* alone.

False Articulation of the Humerus from Fracture, cured by Seton. M. JOBERT.—This gentleman is of opinion, that the want of uniform success in the treatment of similar cases, arises from the seton being too long continued between the disunited fragments. Instead, therefore, of leaving it five or six weeks as others do, he removes it at the end of eight days.—Notwithstanding this fracture was treated by the immoveable bandage so called, yet at the expiration of a month, when the limb was uncovered, an abscess was perceived on a level with the fracture, and no union had taken place. The abscess was opened, and the wound was healed, but the bones remained disunited. On being brought to St. Louis, M. Jobert passed a narrow bistoury between the divided bones, which was followed by a seton needle charged with thread, and the limb was bandaged up with splints on each side, so as to leave the extremities of the seton exposed. In one month after the removal of the seton, the cure was complete.

On the Causes of Mortality in large Cities. M. LACHAISE.—The mortality of Paris, between 1810 and 1820. The municipality drove all unhealthy establishments out of Paris, and methods of cleansing the city

were employed. In this interval, the mortality was one in thirty-two. Between 1830 and 1840, many of the streets were widened; they were better cleaned and drained, numerous fountains were established, but the mortality increased from 1 in 32 to 1 in 30. On investigating this subject minutely, it has been discovered that the increased mortality is confined to quarters where the population has become more dense within a given space than formerly.—There is in fact no greater cause of mortality than crowded habitations, and especially crowded sleeping-rooms; even the horses in the French army suffer greatly from want of spacious stabling, and measures are being taken to rectify that evil.

Acute Ovarites from Injections into the Uterus.—In two cases related by M. LEROY, injections of an ounce of the decoction of marshmallows had been thrown into the uterus, which immediately produced an acute pain in one of the flanks, with rapid tumefaction. The pain, which was very great, recurred periodically, like labour pains. It was not increased by pressure, in which respect it differs from *peritonites*. The bowels were enormously distended with flatus, which augmented the sufferings of the patient. Purgatives were used to combat this symptom, and the reporter notes that in both patients the tumour which could be felt by the finger, through the vagina, subsided concurrently with an abundant discharge from the anus, but whether this was or was not the natural result of the purgative medicine, is not stated.

Memoir on Syphilide (pseudo-Syphilis), by DR. GIBERT, Physician to St. Louis.—The author read portions of a long dissertation on this subject, in which he combated the opinion of Alibert, that *pseudo-syphilis*, in the 15th century, was the primitive symptom of venereal affection. The history of that period proves that the primitive symptoms were in the genital organs in the form of chancre. Fracastorius, Alexander Benedict, in 1480, and Torella, a physician of Borgia, testify to that effect, but at that period the disease marched with great rapidity. DR. GIBERT, however, is not of opinion that chancre is the only primitive symptom. Pustular eruptions may communicate syphilis without producing chancre. Blennorrhagia, without chancre in the urethra, may also produce chancre and syphilis. The seat of blennorrhagia, both in the woman and in man, is in the meatus urinarius, but it exists also in the vagina. Frequently the neck or the cavity of the uterus partakes the disease. It is often mistaken for organic affection of the uterus, and is rendered worse by the misdirection of the treatment. The author was at one time in the habit of treating *Syphilides* by iodure, or dento-chlorure of mercury, as was the practice of Biett, but he is now convinced that this treatment is less efficacious than mercurial frictions. He now adopts the ancient method of smearing the axilla with 3j of the mercurial ointment, and affirms that this mode has never failed.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—Assistant-Surgeon Edward W. Burton, from the Staff, to be Assistant-Surgeon, 38th Foot.—Inspector of Hospitals, Thomas Draper, with local rank, to be Inspector-General of Hospitals.

NAVY.—Assistant-surgeon Andrew Lillie to the Southampton; Dr. Rose Clarke, to the Winchester.—The following naval Surgeons have received the rank of Inspectors and Deputy-Inspectors of Hospitals:—To be Inspector, Sir David Dickson, M.D., and Mr. Richardson.—To be Deputy-Inspectors, John Mortimer, Esq., Henry Parkin, Esq., John Kennedy, Esq., Dr. R. Armstrong, Dr. John Liddell, Dr. William Iac, Oliver Evans, Esq.

ADVERTISEMENTS.

LEEDS SCHOOL OF MEDICINE.—The Tenth Session will commence on THURSDAY, October 1, 1840.

PLAN OF LECTURES.

Anatomy, Physiology, and Pathology; by Mr. T. P. Teale, F.L.S., Mr. Garlick, and Mr. Nunneley. Five Days in the Week at Twelve o'clock.

The Introductory Lecture, Thursday, October 1, at Twelve.

Anatomical Demonstrations; by Mr. Price and Mr. Nelson. Monday, Tuesday, Thursday, and Friday, at Ten a.m.

The First Demonstration, Friday, October 2, at Ten a.m.

Principles and Practice of Surgery; by Mr. Wm. Hey. Tuesday and Thursday, at Seven p.m., and Saturday, at Ten a.m.

The Introductory Lecture, Thursday, October 1, at Seven p.m.

Materia Medica and Therapeutics; by Dr. Chadwick. Monday, Tuesday, Wednesday, and Thursday, at Four p.m.

The Introductory Lecture, Thursday, October 1, at Four p.m.

Chemistry; by Mr. Morley and Mr. West. Monday, Tuesday, Wednesday, and Thursday, at Eight p.m.

The Introductory Lecture, Thursday, October 1, at Eight p.m.

Principles and Practice of Physic; by Dr. Hunter. Monday, Tuesday, Wednesday, and Thursday, at Three p.m.

The Introductory Lecture, Thursday, October 1, at Three p.m.

Midwifery and the Diseases of Women and Children; by Mr. Smith. Daily at Seven a.m.

The Introductory Lecture, Friday, October 2, at Seven a.m.

Forensic Medicine; by Dr. Pyemont Smith. In the Summer Months.

Botany; by Mr. Denny. In the Summer Months.

Clinical Lectures will be given at the Infirmary: On Medical Cases; by Dr. Hunter; On Surgical Cases; by Mr. Smith, Mr. Wm. Hey, and Mr. T. P. Teale.

Certificates of Attendance on the above Lectures, will confer the same Qualification for Examination as Certificates from the Medical Schools of London.

A Museum of Pathology and Comparative Anatomy, also of Materia Medica, and a Medical Library are attached to the School, for the Use of Students.

Application for Tickets, may be made to Mr. Garlick, 21, Park-row.

THEATRE OF ANATOMY AND MEDICINE, Webb-street, Maze-pond, Borough.

The WINTER SESSION will commence on Thursday, October 1st, 1840:—

Anatomy and Physiology; Mr. Grainger and Mr. Pilcher.

Demonstrations and Practical Anatomy: Mr. E. E. Barron and Mr. J. Appleton, assisted by Mr. Evan Jones.

Chemistry; Mr. Cooper.

Theory and Practice of Medicine; Dr. J. Risdon Bennett, with Dr. Southwood Smith.

Midwifery and Diseases of Women and Children; Dr. Reid.

Materia Medica and Therapeutics; Dr. Wilks.

Botany; Mr. Daniel Cooper.

Surgery; Mr. Pilcher.

Medical Jurisprudence; Dr. Southwood Smith and Mr. Cooper.

For Prospectuses and further particulars, apply to the Lecturers; to Mr. Highley, Medical Bookseller, 32, Fleet-street; or Mr. Lindsey, Surgical Instrument Maker, adjoining the Theatre.

CHARLOTTE STREET SCHOOL OF MEDICINE, No. 15, Charlotte Street, Bloomsbury.—Lectures will commence on THURSDAY, October 1st.

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Midwifery and Diseases of Women and Children	Dr. Ryan,	5 5 0
Materia Medica	Mr. W. R. Baxter	4 4 0
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Theory and Practice of Surgery	Mr. Dermott	3 3 0
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Published this Day, Price 1s. 6d., the Third Edition,

A REPORT UPON DEAFNESS, when resulting from Diseases of the Eustachian Passages, with the Modern Methods of Cure; being a Paper read to the Liverpool Medical Association, on the 19th December, 1839. By HUGH NEILL, Surgeon to the Institutions for Curing Diseases of the Ear, and Surgeon to the Ophthalmic Infirmary.

By the same Author, Price 2s.

A CLINICAL REPORT UPON DISEASES OF THE EYE.

Liverpool: Joshua Walmsley, Church-street. London: Longman and Co. Edinburgh: Fraser and Crawford. Dublin: W. Curry, Jun. and Co. Glasgow: D. Robertson. Manchester: Banks and Co. Chester: G. Pritchard. Belfast: Simms and McIntyre.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

PROFESSIONAL HOBBIES.

A FEW days since a country gentleman called at our Office, suffering under the effects of too much anxiety about his health. He had been the round of the principal practitioners in London, and like most hypochondriacs, was fluent upon the subject of his maladies; partly from politeness, and afterwards as much for amusement, perhaps, as from any other feeling, we listened. Dr. Elliotson was his first adviser. The learned doctor recommended mesmerism, an occasional interview with Miss OKey, a blister to the spine, and a draught every four hours containing creosote, prussic acid, iodine, and colchicum. Our patient thought this rather severe, so he called on Dr. Clutterbuck, who ordered him to be bled to syncope every other day for a month, and a few hundred leeches to be applied in the intervals. This rather startled the gentleman; and as he heard an old woman in an omnibus singing the praises of Dr. Ramadge, he went post off to Ely Place. Here he was instructed to puff away through long tubes till he was tired; and observing one morning a sediment in his urine, he called on Dr. Bright, who put some of it into a teaspoon over a candle, and observed that the albuminous state of it indicated an incipient stage of granular disorganization in the upper part of the left kidney. Our friend thought this savoured of humbug; so he sent for Dr. Burne, who stated that habitual constipation was the cause of all his symptoms, and this again was owing to an engorged state of the submucous cellular tissue of the pancreatic ducts. However, purgatives did no good, and Dr. James Johnson was the next person consulted. This physician recommended his work on 'Tropical Diseases' in most moving language, and prescribed scruple doses of calomel, which so frightened the sufferer that he bolted straight off to Dr. Dickson, who told him to shun the pathologists and blood-suckers, and put his trust in GOD, the UNITY OF DISEASE, and CHRONO-THERMAL remedies. The complaint, he said, was ague; indeed, all diseases were ague, syphilis was ague, so was tooth-ache, so was insanity, epilepsy, hydrophobia. Dr. James Johnson, he said, had undoubtedly ague, for he must be insane to order scruple doses of calomel. That was one symptom of ague. It had remissions; Dr. Johnson only wrote such prescriptions when the paroxysm came on. All diseases had remission, therefore all diseases were ague; GOD, in his UNITY, pervaded them all. He had treated a hundred and forty-five thousand patients during the last eighteen months, not one of whom had died. The chrono-thermal medicines had cured them all. However, the quinine, arsenic, and musk, this self-styled reformer prescribed, made our patient feel qualmish; so having seen one Dr. Macleod vilified in the

'Lancet,' he naturally concluded that the said Dr. must be a talented and upright physician. Dr. Mac. C. considered the complaint to be rheumatism; said that he had published some lectures on rheumatism in the *Medical Gazette*; had Mr. Patient read them? if not, he believed he had a set of the journal by him, which he would willingly let him have at the wholesale price. The matter was most valuable. He would read one or two of the most spirited leaders to him. These operated as such powerful narcotics, that Mr. P. remembered nothing more till he found himself in the study of Sir James Clarke, who requested to be allowed to place his naked hand on his patient's naked abdomen, and then murmured a suspicion of PREGNANCY. Various other opinions were passed on the case. Mr. Liston said there was a fatty tumour in the liver, which he proposed to remove, or to cut out the whole of the organ, whichever the patient preferred. Dr. Hope said he had a small fleshy vegetation on one of the chordæ tendinæ attached to the inferior lamina of the tricuspid valve, and begged most earnestly for the favour of a post-mortem examination. Dr. Blundell thought the case one of hysteria, and had no doubt that the rudiments of a uterus would be found in the pelvis after death. Mr. Salmon said there was stricture of the rectum, recommending a Brodignag bougie before breakfast daily. Mr. Tyrrell said Mr. Salmon was a fool; the disease was incipient inflammation of the retina, which no other man but himself could have discovered, or if they had, that nobody else knew how to treat. Dr. Watson said there was hydrothorax, and proposed tapping. Dr. Davis said an attack of acute hydrocephalus was coming on, and recommended cupping behind the ears by a professed cupper, "no common surgeon being able to perform this operation." Dr. Southwood Smith said a *ferocious* attack of fever was coming on, but the patient bolted off before the Doctor's ready lancet could be brought to bear. Dr. Ashwell said that all the symptoms were morbid consequences of undue lactation, and inquired very earnestly how long his mother had suckled him? Dr. Conquest said it was all the effect of original sin, that there was balm in Gilead, and concluded by an extempore prayer. Dr. Williams said something about morbid poisons Mr. P. did not understand, something about syphilis which he did, and ordered hydriodate of potash. Dr. Latham prescribed "Latham's Linctus." Mr. Carpue said there was a stone in the bladder, and proposed the high operation. Mr. Costello engaged to break it. Mr. Erasmus Wilson was too busy to say anything, he was just learning the course of the duodenum that he might avoid at the Middlesex the scrape he got into in his book. Dr. Ryan declared it to be Delirium Tremens—talked about "consultation practice," and ordered the "habitual stimulus." Mr. Darby Dermott said nothing could be done till we had Medical Reform, and that medical men were but licensed murderers if they were not crack anatomists. Mr. Howship smiled, rubbed his chin, and prescribed the Pil. Hyd. Mr. Curling said that it was tetanus; but we prescribed a seven years' subscription to the 'Medical Times.'

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISLOCATION OF THE LOWER JAW—OF THE VERTEBRÆ—OF THE RIBS—OF THE BONES OF THE PELVIS—OF THE OS COCCYGIS—OF THE CLAVICLE—OF THE SHOULDER—OF THE ELBOW.

Dislocation of the Lower Jaw.—The joint that you see is formed between the condyles of the lower jaw and the basis of the skull, admits of dislocation only in one direction, and that is forwards. This takes place in consequence of the depression of the jaw being carried further than the configuration of the bones should admit, so that the convex surface of the condyle presses to the front of the eminence which is placed before the depression in which it lodges, slips off the eminence, and then the bones become dislocated in the direction in which I now place it (bringing the lower jaw forwards). This accident does not usually take place in consequence of direct violence; it is more commonly the result of an extreme depression of the lower jaw; that is, of an immoderately wide opening of the mouth. The only varieties of this dislocation are two. You may have both condyles dislocated at the same time, or you may have only one dislocated, the other remaining in its natural position; the former occurrence is the more frequent.—Now, when the bone has passed into this unnatural position, the mouth remains permanently open, and the patient is incapable of closing it. There remains an interval between the teeth of the upper and the lower jaw of an inch and a half. In the first instance, in fact, the mouth is more widely opened, but afterwards the jaws become a little closer. You observe that the relation between the coronoid process of the lower jaw and the under part of the os maxillæ presents a mechanical obstruction to the mouth's being closed beyond a certain extent.—The symptoms, then, are, the separation of the upper and lower teeth by an interval of about an inch and a half, which cannot be diminished by the patient; an involuntary flow of the saliva, for it appears that the salivary glands are affected by this situation of the bone; and, of course, a very considerable impediment to the articulation.—Now, this dislocation is easily reduced. All you have to do is, to introduce your two thumbs as far as you can into the mouth, depress the molar teeth and elevate the chin with your fingers: thus you depress the condyles and carry them backwards into the cavities from which they have departed. The same process is to be resorted to in the case of dislocation of one condyle only, merely observing that you apply the force in that case to one side of the jaw only.

Dislocation of the Cervical Vertebra.—The first vertebra of the neck and the occiput are so firmly tied to each other that they do not admit of luxation by external violence. But the first vertebra may be dislocated upon the second; for the occiput and the first vertebra revolve upon the second vertebra with a considerable freedom of motion; and in those bones, therefore, when the motion is carried beyond a certain extent, dislocation may occur, and a separation between the second vertebra and the first—the atlas, may be the consequence. If this dislocation be of such a nature as to liberate the dentiform process from its ligament, so as to allow of that process pressing on the spinal chord, the accident is at once fatal.—It happens sometimes that luxation takes place either between the occiput and the atlas, or between the atlas and the dens in consequence of disease. I have mentioned to you, under the name of secondary or consecutive dislocation, that a very considerable change of the relative situation

takes place between those bones; that the disease which produces the dislocation may come to a natural termination, and the dislocated bone may become ankylosed in that part. Thus examples occur so extraordinary in their appearance, that one can hardly account for the patient surviving the change which has taken place. When you examine the mode in which the different bones that compose the spinal column are articulated, when you see the broad surfaces by which their bodies are joined, and observe the very powerful ligamentous connexions between them by means of the intervertebral fibro-cartilage, and when you observe, moreover, how the articulating processes of the different vertebrae reciprocally overlap each other above and below, you will be inclined to suppose that the representation which is generally given in surgical writings is correct, namely, that dislocation cannot occur of the spinal column, without the occurrence of fracture at the same time. Generally speaking, the articulating processes overlap each other, that is, the inferior articulating processes of the upper vertebra overlap the superior ones of the vertebra immediately below it; so that the different bones are mechanically locked together in such a way, that you can hardly conceive how the articular processes in one particular place can separate, without some fracture taking place at the same time. In most anatomical works, you will find the position is laid down absolutely, that dislocation of the bones of the spinal column cannot take place without fracture of some part of the vertebrae occurring at the same time. No doubt, generally speaking, this is correct; but an exception must be made with respect to the vertebrae of the neck, for there the articular processes approach more nearly to a plane or horizontal surface, particularly at the upper part of the neck. There is not the overlapping, the reciprocal overlapping there, that exists in the loins and in the back; so that you may have dislocation of the vertebrae of the neck without fracture. A case occurred in this hospital, and was under my own care, in which the fourth cervical vertebra was dislocated upon the fifth; and I found that the inferior articulating processes of the fourth vertebra had passed in front of the superior articulating processes of the fifth, the body of the fourth being dislocated forwards on the fifth, in consequence of a rupture of the intervertebral fibro-cartilage, and that no fracture existed in that instance. Here is the specimen showing that accident.—Now I may observe to you that the result of an accident like this, the effect upon the spinal marrow, the symptoms that occur in the course of the case, are exactly the same as would take place if the accident were the effect of what it more commonly is—a fracture of the spine. Until we come to examine it, we cannot know, in point of fact, whether an injury of this kind is a fracture or a dislocation, or whether there be fracture and dislocation combined together. The question, therefore, is one rather of an anatomical than a practical nature. There is no difference of symptoms; there is no difference of treatment; we cannot recognise during life the existence of dislocation, and, if we could, I do not know that we could venture to put into practice any means for reducing such a dislocation.—I know of no instance of dislocations occurring either in the dorsal or lumbar vertebrae. I believe all the accidents that occur in those regions consist of fracture of the spinal column.

Dislocation of the Ribs.—I do not know whether it can be correctly stated to you, that the ribs are insusceptible of dislocation; but I never knew an instance of the dislocation of a rib; the articulation which connects the ribs with the dorsal region of the spine is so completely covered by muscles and other soft parts, that if it were to take place, I do not know that it would be possible to recognise it. The elasticity of the cartilages in front, and the firmness of the ligament connecting them to the sternum, are probably reasons why the cartilages of the ribs are not dislocated from the sternum in front.

Dislocation of the Pelvic Bones.—The bones of the pelvis admit of being separated from each other, in consequence of external violence; but the accident which thus takes place is hardly to

be assimilated with those separations of a bone from its corresponding articular surfaces to which the name of dislocation is more commonly applied. The strength of the connexions between the various bones of the pelvis is such, that they cannot be separated, except under the application of a very great degree of force, such as that of a loaded carriage passing over the lower part of the trunk of the body; and if a separation of the bones takes place, it is generally accompanied by fracture of the bones, rupture of the vessels, and extensive injury of the soft parts in the neighbourhood, so that these accidents are usually fatal. The separation, when it takes place, does not admit of being restored; we cannot adopt any means for bringing the bones into their natural situation again. All we can do in an unfortunate case of this kind is to consign the patient to rest, and keep him perfectly quiet. You might, however, from the position of the lower extremity, mistake dislocation of the pelvis for dislocation of the hip-joint, and it is necessary to be on your guard against such an error. I have seen the os innominatum separated from the sacrum behind, with fracture of the pubis and ischium in front at the same time, so that the lower extremity was drawn up somewhat into the position into which it would be thrown, in consequence of luxation of the hip upwards and outwards; and, in fact, extension was actually applied in that case. The patient, however, died within twenty-four hours. It is necessary then to be on your guard against mistakes of this kind. In truth, luxation, with fracture of the pelvis, is usually attended with such serious symptoms, as sufficiently show the nature of the case to be much more important than mere dislocation of the hip.

Dislocation of the Os Coccygis is, I think, described, but I fancy that it must be of very rare occurrence, and one which I do not know that we should have any means of replacing. The bone may be liable to fracture occasionally.

Dislocation of the Clavicle may occur at either of its extremities. It may be dislocated at the sternal or at the scapular end; but the ligaments which connect it both with the sternum and with the scapula are so strong, that this accident is much more uncommon than fracture of the bone. As the clavicle is covered on its superior surface merely by the integuments, the change of figure which results from dislocation of either end is so obvious, that the nature of the occurrence is immediately recognised.—It is very easy to reduce dislocation of the clavicle, but it is by no means easy to retain it in its position when replaced. I believe there is no other displacement of the sternal end of the clavicle, excepting forwards, by which the sternal extremity becomes so situated, as to lie anterior to the upper or first bone of the sternum; and there, as you see in the skeleton, it presents a very unnatural appearance.—Now if you bring the upper extremity into the same position as you do in reducing a fracture of the clavicle, you will reduce this dislocation; but the dislocation cannot take place without a rupture of the strong ligaments that hold the clavicle to the sternum; and, therefore, when the force which is employed for the purpose of retaining the parts *in situ* is removed, the bone immediately separates again. I fancy, however, the only apparatus you can trust to, is that which is employed in the case of fracture of the clavicle; that is, you would have a thick wedge-shaped cushion placed in the axilla, and would then draw the arm outwards over this cushion, so as to prevent it from falling forwards, and in front of the trunk; but this apparatus, and indeed every other with which I am acquainted, is usually found ineffectual. It is very frequently the case, however, after an accident of this kind, that although the clavicle may not be in its natural position, the motions of the limb are completely recovered.—The scapular extremity of the clavicle admits of dislocation upwards, so that it rides above the acromion. It can easily be reduced; you can press it with the fingers and thumb back again into its proper position; but the same difficulty occurs here as in the other case, with respect to keeping the bone in its situation, and in all the instances I have seen there has remained a permanent inequality; the clavicle has continued to be higher in point of situation than

the acromion. Yet the motions of the upper extremity have generally been tolerably perfect.

Dislocation of the Shoulder is more common than any other, much so indeed, that I believe we may say that the dislocations of the shoulder equal in number those of all the other joints taken together. The humerus is in general thrown out of the glenoid cavity of the scapula, downwards—is displaced in the direction of the axilla. The weakest part of the articulation is that which corresponds to the axilla: there the synovial membrane is scarcely protected by ligament, and not at all by muscles, so that when a person falls to the ground with the arm removed from the body, the limb being thrown forcibly upwards, the head of the bone is carried downwards through that which is the weakest part, the part towards the axilla, and becomes situated below the glenoid cavity and the scapula. This is the most common dislocation of the shoulder-joint, and is what is commonly called dislocation of the shoulder into the axilla.—When this accident has occurred, one of its most striking symptoms, a symptom which is immediately visible, and which you cannot fail to recognise when you come to look at the shoulder, is the vacuity under the acromion. The edge of the acromion is prominent and sharp, and the deltoid muscle, instead of forming a convexity passing from that downwards to the arm, has its fibres drawn in a straight line, and you see a want of that hollow or depression at its insertion which is very conspicuous upon contrast with the opposite side of the body. In fact, the head of the humerus no longer is situated immediately below the acromion. You observe in the natural position, the fibres of the deltoid muscle should describe a convex line in passing over the head of the bone. Now, when the head of the bone is thrown down into the axilla, the fibres pass in a straight line down to their insertion into the humerus. Not only is there this want of depression, this straight direction of the fibres of the deltoid muscle, but these fibres are also tightened; the insertion is moved to a greater distance from the origin, so that they are straightened, and appear tight and tense. Then the humerus can be felt projecting into the cavity of the axilla. Of this you are not very sensible if the patient hold the limb as near the side as he is able, but if the arm be elevated—be carried upwards, then by putting the hand into the axilla you are immediately sensible of it. These are two symptoms which, alone, would be sufficient to characterise the accident in question. But there is, at the same time, a remarkable difference in the direction of the axis of the os humeri. In the natural state of the part the axis of this bone, when the arm hangs down along the side, is nearly parallel with the trunk; in fact, the line from the elbow to the shoulder is as nearly parallel with the body as possible. But when the head of the bone rests against the inferior edge of the scapula, you observe that the axis of the humerus forms an oblique line, a line which runs obliquely from the trunk. Instead of the bone passing directly upwards to the glenoid cavity, it seems to go inwards towards the trunk. It is quite a different direction from the natural line of the bone. Then the patient cannot bring the elbow into close contact with its side; the elbow remains sticking out. It is true, that if the surgeon take the elbow and carry it forcibly inwards, producing a good deal of pain, it may be forcibly brought in contact with the body; but when left to itself, it hangs at some distance from the trunk, and the pain in bringing it to the side is so great that the patient can hardly be prevailed upon to make the experiment. There is considerable pain extending from the shoulder, which is, in great measure, referable to the head of the humerus, and to the large nerves that constitute the axillary plexus. Those nerves pass along the surface of the shoulder-joint; and the bone cannot be displaced in this direction without occasioning more or less pressure upon them. Such are the symptoms which characterize the most common dislocations of the shoulder-joint. There is the vacuity under the acromion; the tense state of the fibres of the deltoid muscle; the unnatural swelling in the axilla caused by the convexity of the head of the humerus; the inability on the part of the patient to bring the elbow to the

side, the change in the direction of the axis of the humerus, which instead of running from the elbow upwards to the glenoid cavity of the scapula, turns towards the trunk; the pain in the shoulder generally, and more particularly in the axilla; the want of power to execute the ordinary motions of the joint and the stiff manner in which the limb is held in its unnatural position.—The *reduction* of this displacement is by no means difficult; it is accomplished by attention to two or three simple points, especially in the recent state of the accident. You fix the chest of the patient by a broad linen bandage passed round it, and tied to any firm or immoveable object. In the case of dislocation of the left shoulder, for instance, you pass a bandage round the chest, and tie it to a firm post, so that the chest is confined to that fixed point, which steadies the chest, and, through the medium of the chest, fixes the scapula. You then place the bandage by which extension is to be made, upon the humerus immediately above the elbow; and you let that be drawn by a requisite number of assistants, the arm being in the horizontal position. Thus you have the chest fixed on one side, constituting the counter-extension, and the extension applied upon the humerus immediately above the elbow; these two forces act in direct opposition, and the effect is to draw the head of the bone out of the axilla; it does not, however, bring it into the glenoid cavity, but, in order to accomplish this, you have to apply a force below the head. When you have extended it sufficiently, you depress the lower end of the bone, and by means of the force below, you push the head of the bone into the glenoid cavity. Now this is easily accomplished by the surgeon having his knee placed under the bone near to the joint. He keeps his hand upon the head of the bone; he feels with his hand, and when the bone is moved out of its situation in the axilla, then directs the assistants who are employed in making the extension, suddenly to let go; at the same moment he carries the cubital or lower end downwards, forwards, and over his knee, and thus replaces the head of the bone in its natural situation. The same principles are applied to the reduction of this dislocation as to any other. The counter-extension by which the scapula is fixed, the extension by which the bone is drawn out of its unnatural situation, and the elevation of the bone into its right situation,—these are the three points to be particularly attended to.—The reduction of a dislocated shoulder is very conveniently accomplished by means of a bedstead. Let the patient sit with the trunk close to one of the bed-posts, and confine the chest by a broad bandage to that post; then having fixed the extending bandage to the bone, carry that bandage round the opposite bed-post, and so let it be drawn by assistants. Thus you obtain two very convenient extensions. The surgeon then placing his knee under the head of the bone, and employing the limb as a lever, completes the reduction in the manner I have described.—The reduction of the dislocation of a shoulder in a recent case is generally accomplished so easily, that you may sometimes effect it without any very close confinement of the patient. It is sometimes sufficient to accomplish the counter-extension by fixing the trunk in this way:—placing a sheet round the body, and letting an assistant or two hold the patient by it, the force of one or two others in the same way being used to make the extension. If, however, you should meet with a little difficulty, you can overcome it by paying attention to the points I have already stated. You may find that the extension is greater than the counter-extension, or that the counter-extension is more than the extension. It has sometimes happened, though, that a surgeon has reduced a dislocation of the shoulder without employing extension of either kind. The patient being weakened, and his attention taken from the reduction, the surgeon having had his knee in the axilla, he has been able to carry the head of the bone into its place, simply by the force he could employ with his hands; but this is not usually the case. There is a mode of reducing dislocations of the shoulder, which has very frequently been employed, and which is strongly recommended by Sir Astley Cooper. It is, by the surgeon placing his own heel in the axilla. The pa-

tient is placed in the recumbent position, either on the floor or on a couch, and the surgeon places himself on the same seat; he then puts his heel into the axilla, and grasps the patient's forearm above the wrist with his hands, or he has a handkerchief or a towel rolled immediately round the inferior end of the humerus, by which he draws or extends the arm, his heel being in the axilla.—Now when the humerus has been replaced, it is proper that the limb should be kept quite quiet, in fact, it is best that the arm should be bound by the side of the body, in order to keep it motionless, while the forearm and hand are supported in a sling. This should be continued for some days, in order to allow the rent in the orbicular ligament through which the dislocation has taken place to be united, and admit of the repair of any muscular part, or any contusion about the joint being completely healed before the use of the joint is resumed. Recollect, that a dislocation of any joint cannot occur without very considerable injury to the surrounding soft parts—without extension, laceration, straining, and tearing of the tendons and muscular fibres; and it must be very obvious to you, that the repairing of such an injury cannot but require repose for several days, and sometimes the employment of antiphlogistic treatment, for if you neglect these, you are very likely to have inflammation of the part. In the shoulder, more particularly, where the natural configuration of the bones and the nature of the ligamentary attachments are so predisposed to dislocation, the reproduction of that injury after it has been once produced will take place very easily, unless these precautions are observed. Attention to them may be considered as generally necessary in all cases. Now, the humerus may be dislocated in other directions; it may be dislocated towards the concavity of the scapula, in which case the head of the bone lies between the sub-scapularis muscle and the surface of the scapula. Sometimes the head of the bone is found lying a little below the margin of the clavicle. It is said that that displacement is a secondary one—that the head of the bone is, in the first place, thrown out of the articulation at the under part, or towards the axilla, and that the action of the muscles subsequently carries it upwards and forwards into the neighbourhood of the clavicle. The dislocation forwards is not a very uncommon one, but much less frequent than the dislocation into the axilla. There is still another dislocation to which the arm is subject, but that is comparatively rare,—a dislocation in which the head of the humerus is thrown backwards, and in which it lodges in the infra-spinal fossa of the scapula. Now, it seems that Desault had never seen the luxation of the bone backwards, and I think it appears that Boyer had met with it but once. Sir Astley Cooper mentions, that in the course of thirty-eight years' practice he had seen only two cases in which the head of the bone had been thrown backwards into the infra-spinal fossa. Whether it be dislocated forwards, or backwards, or carried up into the neighbourhood of the clavicle, there is still that particular symptom of vacuity under the acromion, and the additional symptom of a swelling produced in one or other of the situations alluded to. In every case there is impaired motion of the joint. With respect to the replacement, the general principles I have already mentioned as applicable to the reduction of a luxation into the axilla, are applicable to these several kinds, so that I have no particular directions to give you with respect to them.

Dislocation of the Elbow.—The elbow-joint is liable to different kinds of dislocation; the most common one is that in which the radius and ulna are thrown backwards upon the humerus, or, speaking perhaps more correctly, and according to the mode in which the accident takes place, that in which the humerus is thrown forwards upon the radius and ulna. This accident is the consequence of falls on the hands; the weight of the body causing the radius and ulna to be carried backwards and upwards, and the humerus to project forwards, below the articular surfaces of those bones. In consequence of this accident the coronoid process of the ulna, which in the state of extreme flexion is received into the anterior excavation of the humerus, passes into the deeper excavation behind

the bone which ordinarily lodges the olecranon; the olecranon, therefore, is situated considerably higher on the back of the humerus than it should be. The radius is placed on the back of the external condyle of the humerus, instead of corresponding to the inferior end of that bone, and there is a large, hard swelling in front of the elbow-joint, produced by the unnatural prominence of the articular extremity of the humerus. The elbow is perfectly stiff; it is incapable of flexion or extension. The motions of pronation and supination are, at all events, very difficult, if not entirely suspended, and the elbow is kept either nearly in the straight position or in one in which the limb is only slightly bent. If this accident be seen soon after its occurrence, and before swelling has come on, the change in the relative situation of the bones is so considerable, that no mistake can possibly be made respecting it. However, in this, as in all the accidents that take place about the elbow, dislocation is the result of so much violence, and is attended with so much laceration and bruising, that inflammation very speedily supervenes, inflammatory swelling takes place, and usually reaches to such a height as to obscure the exact nature of the injury; it is therefore of great importance, in all accidents of this kind, to institute a very careful examination at the earliest period. You can then recognise the prominent points of the bones; you can satisfy yourself as to the facility or difficulty with which the motions are performed; you can gain evidence of the nature of the accident, which would be looked for in vain if twenty-four hours had elapsed from the time of its occurrence.—Now, you will easily see that the radius and ulna cannot be thrown backwards upon the humerus without a rupture of all the strong ligaments which usually maintain them in their position. There must be even so great a degree of violence offered to the joint, that no difficulty will be experienced in drawing the bones down and in bringing them back into their right places. All that is necessary is, that the arm should be held firmly in one state, and extension applied just above the wrist in the opposite direction. You have only to pull straight, and the bones will come down and resume their situation. Nothing can be more simple than this reduction; and the evidence that reduction is accomplished will be, the complete restoration both of the power of bending and extending the joint, and the power of pronation and supination.—The force by which this dislocation takes place is sometimes so considerable, as not only to separate the humerus from the radius and ulna, but even to force the end of the humerus through the muscles that cover the joint in front,—through the integuments, and to produce a compound dislocation. You may have the articular end of the humerus forced entirely through the skin, and presenting itself externally through a large laceration at the anterior part of the elbow-joint. When you first see an accident of this kind, you are inclined to infer that so great an injury cannot be repaired, and that it is necessary to remove the limb; however, many instances have happened, in which, when the bones have been replaced, and the edges of the soft parts have been brought together, the cases have done well without any very serious symptoms; so that a compound luxation of the elbow-joint with the protrusion of the lower extremity of the humerus through the integuments, is by no means to be regarded as a case for amputation. It is one in which recovery may take place. If you restore the parts and approximate the edges of the external wound, not only may you have a cure, but a cure with pretty complete motion of the elbow-joint. We should expect this displacement to involve a rupture of the brachial artery; however, the cases I have alluded to have done well; it is probable that the artery may have slipped aside and escaped injury. If we were certain at the time of the accident that the brachial artery was ruptured, it would constitute, ordinarily, a very serious complication of the accident, and perhaps induce some doubt respecting the nature of the proceedings it would be proper to adopt. If, however, there were merely this circumstance in addition to the accident, without any violent laceration, without fracture of bone or any other serious additional injury, the powers of

the collateral circulation are so great in the upper extremity, that we might probably deem it right to try to secure the vessel, and to save the limb. It is said that the radius and ulna may be dislocated forwards. It is very rare, and involves a fracture of the olecranon; so that it would be nearly the case of fracture of the ulna; indeed, the configuration of that bone would not admit of anything else.—The radius and ulna may be dislocated laterally; that is, they may be driven to the one side of the humerus or to the other. You may have the dislocation outwards, so that the trochlea of the humerus corresponds to the articular extremity of the radius, that bone being carried much more inwardly than usual, or you may have a dislocation in the opposite direction, so that the sigmoid cavity of the ulna might correspond to the external condyle. These are extremely rare dislocations, usually detected as soon as seen, and easily replaced. The strong ligaments are all ruptured, and produce, therefore, no particular obstacle, nor is any difficulty felt in pushing the bones back into their former positions.—There may be a dislocation at the elbow-joint of the radius alone. I fancy you hardly ever have luxation of the ulna alone; but you may have the radius dislocated either forwards or backwards, in consequence of the hand being forcibly carried to an unnatural extent of pronation or supination. In the one case, the head of the radius is situated in front of the condyle of the humerus, and, in the other, behind it. This occasions in either case a prominence which is so very conspicuous, that the nature of the accident can hardly be misunderstood. Now these dislocations are rare, in comparison with those of both bones of the fore-arm together. I have myself seen the accident of both kinds. There is, however, a very remarkable contrariety in the reports of the experience of Sir Astley Cooper and Baron Boyer on this subject. Baron Boyer says that the radius may be thrown backwards upon the external condyle, and that he has seen the occurrence twice, but that no authentic example exists of its being thrown forwards. Sir Astley Cooper mentions six instances of dislocation of the radius alone, in all of which the bone was thrown forwards. In two of these, one of which was seen by myself, and another by Mr. Cline, both in the recent state, the dislocation could not be reduced. I think, in two cases, Sir Astley Cooper succeeded in reducing the dislocation. He mentions one instance, in which he saw it backwards; that was an old unreduced dislocation.—The mode of reducing the dislocation, whether it be backwards or forwards, is by making extension from the wrist. If the bone have been dislocated forwards, you would make extension, and, at the same time, carry the radius in the direction of supination. If backwards, you would make extension, and carry it in the direction of pronation.—Dislocation of the *radius* and *ulna*—that is, displacement of one, with respect to the other of these bones, at the *inferior* or *carpal* extremity, is very uncommon. The radius and ulna are very loosely connected to each other; the radius has a very free extent of motion, and it probably arises from this loose connexion and freedom of motion, that they give way under the application of external force, without becoming displaced. It may happen, however, that the radius may be dislocated upon the lower extremity of the ulna, by the hand being carried extensively round in the direction of its pronation. This accident you may detect, by the palm being turned towards the round inferior extremity of the ulna, and the unnatural prominence that presents at the inferior and back part of the wrist; or dislocation may take place in the opposite direction, by the hand being carried beyond the natural extent of supination, in which case the ulna slips out of the cavity of the radius, and forms a prominence on the inner and anterior part of the wrist. The accident is characterized by the hand being *fixed* in a state of pronation or supination, according as either circumstance may have occasioned it, and by the unnatural prominence of the rounded inferior extremity of the ulna, either on the anterior or posterior part of the wrist, as the case may be. The latter of these accidents, that in which the hand is carried extensively into the supine state, is

particularly uncommon; but both are very rare.—The reduction of the displacement is not difficult. If the fore-arm be held by one assistant, and the hand by another, and the surgeon employ his finger and thumb so as to separate the bones and press the ulna back into its place, the assistant moving the hand in the direction of supination in the one case, and of pronation in the other, at the same time making extension from the wrist, the bones will go back into their natural situation. You may have this dislocation, which you may either call a dislocation of the radius upon the ulna, or of the ulna upon the radius; you may have this occurring in connexion with a fracture of the radius near to its carpal extremity, and then the replacement of the bones, the proper position of the hand and fore-arm, and their maintenance in the natural position, become considerably more difficult. Instances have occurred, in which the radius has been fractured near to its carpal end, where you have also a compound dislocation of the ulna; the ulna passing out through the integuments, and projecting externally.

Dislocation of the Wrist.—The joint of the wrist is liable to luxation. When a person falls, he naturally stretches out his hand to save himself; the hand, in such a case, comes to the ground with great force, and the whole weight of the body rests upon the upper extremity of that side. If the hand then be placed obliquely with reference to the limb, the radius and ulna will pass from off the corresponding surfaces of the articulations with which they are naturally in contact, either anteriorly or posteriorly, as the fall may be. Thus you may have the bones of the carpus presenting a hard tumour, with a great deformity either on the back, or on the anterior part of the radius and ulna. Now the deformity of the parts in such a case as this is so distinct, that there can be no difficulty in recognising the accident, and the replacement is equally easy. In reducing it, the forearm is to be held firmly, and extension made from the hand, when the parts go into their situation without any trouble. But the mere replacement of the bones does not accomplish all that is necessary in an accident of this kind. There will be extensive laceration of the ligaments, which tie the bones together; there will be considerable laceration of the tendons and fibrous sheaths, of which a great number are situated on the posterior and anterior part of the wrist, and thus very considerable inflammation and tumefaction must result, which will require pretty active antiphlogistic treatment.—The wrist-joint may be dislocated outwards and inwards, but not so as to be attended with a complete separation of the articular surfaces. The dislocation of the wrist-joint laterally, is a *partial* dislocation—a separation of some part only, and that is easily replaced.

Dislocation of the Bones of the Carpus.—The bones of the carpus can hardly be said to admit of dislocation with respect to each other. The *os magnum*, that is, one of the bones of the second phalanx of the carpus, has a round head, which is received into an articular cavity, formed by the bones of the first phalanx, and there is a certain degree of motion between it and them in their natural situation. Now it is said that this accident, that is, dislocation of the *os magnum*, has occurred; that it sometimes occurs in females, in whom the ligaments are more soft and yielding. I never saw the accident myself, but Boyer says he has seen many instances of it. When it does occur, the bone can be pushed back into its proper situation, but it does not remain there; a degree of prominence remains on the back of the hand; that prominence being more sensible when the wrist is bent.—The joint which is formed between the *os trapezium*, and that bone which some anatomists call the first metacarpal bone, and others call the first phalanx, of the thumb, is susceptible of dislocation. The majority of anatomists call this the first metacarpal bone; this accident, therefore, is usually described as the dislocation of the *first metacarpal bone* upon the *os trapezium*. The only dislocation of this bone that can take place, is a dislocation *backwards*, when it forms, with its articular end, an unnatural prominence on the back of the thumb, the prominence is so very conspicuous, that it is immediately recognised; the nature

of the accident cannot be mistaken, and if the thumb be pulled slightly at the same time, making pressure with the fingers on the head of the bone, it will be forced into its place.—A more common dislocation, is a dislocation of the *second joint* of the thumb; that is, of the articulation between its first phalanx and first metacarpal bone. This, like the former, takes place posteriorly. It is easily reduced in the recent state, by making slight straight extension of the thumb, and pressure with the fingers on the head of the dislocated bone. In this way the extremity of the first phalanx which has become placed posteriorly to the first metacarpal bone is usually brought back. But there seems to be something belonging to the structure of this joint which renders its reduction very difficult after a little time has elapsed. Baron Boyer, for example, mentions that he had found it impossible to reduce this luxation at the expiration of ten days after the accident. The difficulty that has been experienced in reducing this dislocation, has led to the proposal of cutting through the tendons in order to admit of the reduction. I believe that the best way of accomplishing the reduction is not to depend so much on the extension in the straight direction, as on supporting the inferior end of the bone at the same time that you press very hard with your thumb upon the superior or luxated extremity, pushing that over the extremity of the first metacarpal bone. The difficulty, however, that is experienced in replacing this dislocation after a little time has elapsed from the period of the accident, renders it very advisable that we should pay great attention to accidents occurring to this joint, and endeavour to recognise the displacement immediately after it has occurred, at which time the reduction may be accomplished with facility.—The joints of the *fingers* admit of luxation. Those of the metacarpal bones and first phalanx may be luxated backwards, but from the nature of the articulation of the fingers, they can hardly be luxated forwards. The luxation is, so very obvious that it can hardly be mistaken.

OSSIFIC DEPOSIT IN THE TEETH. (?)

To the Editor of the 'Medical Times.'

SIR,—I avail myself of your valuable Journal, to submit through its medium to the consideration of the profession, a case in dentition, that I think interesting.—On cutting the roots of teeth to insert them artificially, my attention was often arrested by a small piece of bone in the centre, perfectly detached from the surrounding parts, as the teeth in which I perceived this had been a long time extracted. I thought that it might be the internal membranes dried up, and thus forming dried cartilaginous or bony mass; until a few days ago, when a gentleman applied to me to have a tooth extracted; I examined it, it seemed perfectly sound; I advised him not to have it taken out. He said that many of the heads of the profession had given him the same advice, but that he had at this time determined to suffer no more, and that if I would not take it out, he would not leave town until he had found some one that would; I therefore extracted it; it seemed as sound as before. I cut it in two, it yet presented a healthy appearance, no abscess having formed in the cavity; but upon breaking the sac in which the membranes are contained for the nourishment of the tooth, what was my surprise to find my old acquaintance, the bony substance above described, which I had thought peculiar to dead teeth. It was nearly as large as the sac that contained it, and was entirely surrounded by a transparent fluid; it may admit of doubt, whether this bony substance was the cause or consequence of disease.—The ossification of the internal part of the roots of teeth is now long admitted, but the manner in which it takes place would, I think, be also an interesting subject of inquiry.—I am, sir, most respectfully yours,

N. S. RYDING, Dentist.

Limerick, Ireland.

OPERATION FOR THE RADICAL CURE OF OVARIAN DROPSY.

BY M. RECAMIER.

A FEMALE, æt. 26, of good constitution, menstruated regularly from the age of 13 to her 19th year, when she had a natural delivery, and subsequently miscarried twice, at intervals of six months. Six weeks after the latter miscarriage, she perceived a tumour as large as the shut hand, situated at the lower part of the abdomen towards the right side; this tumour was indolent, and so moveable as to roll under the hand; after the lapse of a year this mobility ceased in consequence of its increased bulk, and after eight years (the period of the operation) the abdomen was larger than in a pregnancy at full term, projecting beyond, and pushing out the false ribs, and descending to the superior region of the thighs; the skin was tense, shining; percussion afforded a dull sound; and fluctuation was everywhere obvious; the catamenia had continued uninterruptedly regular, but she had for the last six years passed a night-panful of blood from the anus, at intervals of about six months.—The 23rd of July, 1838, M. Recamier proceeded to operate with the intention—1st, to evacuate the fluid in the usual manner by a puncture in the linea alba; and 2nd, to give permanent issue to the fluid as it again accumulated, through an opening in the most depending part of the cyst, which, it was expected, would thus contract to obliteration after a sufficient lapse of time.—A trocar, nine or ten inches in length, representing the quadrant of a circle, was introduced into the cyst through the linea alba. When four-fifths of the fluid had been evacuated, the stilet was again passed into the canula and fixed by a screw, so that its point did not project beyond the extremity of the tube. The instrument was now seized with the left hand near the integuments of the abdomen, and its extremity directed towards the cul de sac of the peritoneum behind the uterus, the middle and index fingers of the right hand were now passed up the vagina, and their extremities placed behind the neck of the uterus, which was directed forwards at the same time that the fingers were pushed as far upwards as was possible, so as to approximate the cul de sac of the vagina to that of the peritoneum. M. Recamier now endeavoured to direct the canula on the fingers in the vagina, and soon distinguished it separated only by the parietes of the cyst, the peritoneum, and vagina.—Having assured himself that no other organ intervened, the stilet was liberated from the screw, and pressed gently forward by an assistant, so that its point pierced the vagina posterior to the neck of the uterus, passing between M. Recamier's fingers which he had separated for the purpose, and then by closing them on the canula, drew it through the vagina. The trocar was now withdrawn, and a stilet with cutting edges, guarded by a moveable sheath, was attached to the extremity of the canula projecting from the vagina. The canula, thus armed, was drawn up the vagina, and when the stilet reached its extremity, the cutting edges were turned to the right and left, the sheath withdrawn, and the stilet guided by the canula into the abdomen. The section of the vagina and peritoneum being thus effected, the stilet was withdrawn through the vagina, disengaged from the canula, and its place supplied by a gum elastic tube, which it was designed to introduce by means of the canula into the interior of the cyst; this, however, could not be effected, as the inferior wall of the cyst had not been divided in consequence of its yielding before the cutting edge of the stilet. A compress and

bandage was applied round the abdomen. Notwithstanding the imperfect opening in the cyst inferiorly, a small amount of serum occasionally escaped by the vagina, not at all equivalent, however, to the quantity which had been allowed to remain in the cyst; and, after a short period, this discharge ceased.—On the 11th of September, the patient died in consequence of pneumonia of the left lung; but she had been long previously reduced to a state of extreme debility, the result of chronic peritonitis, and of a purulent collection in the cyst which communicated with the large intestines.—On examination after death, a dense fibrous sac, containing pus, was found at the lower part of the abdomen external to the peritoneum; it communicated with the ascending colon, and contained within itself a second sac consisting of a thin membrane partly collapsed, but still containing a small quantity of limpid serum—this was the primitive cyst. The external and larger sac was supposed to be the fibrous envelope of this cyst, separated by the suppuration consecutive to the inflammation caused by the operation. It adhered at its upper and external part to the internal surface of the ascending colon; at the point of adhesion its parietes were very thin, and presented a circular aperture a few lines in diameter by which its cavity communicated with that of the colon; the mucous membrane of the intestine was red and swollen, and the gut was distended in its entire extent by foetid gas. The right ovary, which was the supposed seat of the disease, lay above the tumour, to which it was attached by some fibro-cellular bands; but, in every other respect, seemed perfectly healthy. The right Fallopian tube, at about one inch from the uterus, presented a dilatation containing a blackish clot along with some bloody serum. The left ovary was flattened, and pressed by the tumour against the uterus, and adhered to its superior surface; the canal of the left Fallopian tube was capillary in the vicinity of the uterus, but soon enlarged, and after a trajet of two inches was lost in the purulent sac, which seemed to be constituted by its expansion.—M. Recamier observes, that “from the course of the symptoms consequent on the operation, he is persuaded that if the sac had been suitably perforated below, the patient would have had an excellent chance of a perfect recovery.” If, then, he were to repeat the operation, he would substitute a flat trocar for the round one, and thus, after having emptied the cyst, incise instead of merely perforating the depending wall of the cyst along with the peritoneum and vagina.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 12th September, 1840:—

Epidemic, endemic, and contagious diseases	176
Diseases of the brain, nerves, and senses	172
Diseases of the lungs, and other organs of respiration	200
Diseases of the heart and blood-vessels	26
Diseases of the stomach, liver, and other organs of digestion	101
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	99
Old age, or natural decay	42
Violent deaths	22
Causes not specified	1

Deaths from all causes

SPECIMEN OF A “MEDICAL MAN.”

A CARD.

THE following morceau was sent by a friend who has been a Harrow boy, a Trinity College man, and an Inceptor Candidate at the Royal College of Physicians, London, as a dignifying specimen of the improving craft:—

“J. HALLETT, Surgeon, (!) Apothecary, (!) and Druggist, (!!!) No. 59, James Street, Devonport, (established upwards of 14 years,) corner of Pembroke Street, respectfully announces to his numerous friends, the Public, Captains, and Masters of vessels, that his Medical Dispensary is completed, and supplied with the most select and of improved Chemicals and Drugs from Apothecaries' Hall, &c., with every description of PATENT MEDICINES, (!) PERFUMERY, (!!) SPICES, (!!!) PICKLES, (!!!!) Sauces, (!!!!) Vinegars, (!!!!) Oils, (!!!!!) Tins, (!!!!!) Coffee, (!!!!!) Chocolate, (!!!!!) Cocoa, (!!!!!) of the most superior qualities, are constantly kept on sale. J. Hallett trusts, that his long experience, unremitting attention, and fixed plans in keeping such chemicals and drugs alone as he can confidently recommend, charged at the most reasonable prices, will preclude the possibility of *any one selling on lower terms*, and which, on experience, will ensure to him a continuance of that liberal support and patronage which he has, for the last fourteen years, experienced at his late premises in Pembroke Street, and for which he begs to return his most grateful acknowledgments. Prescriptions carefully prepared. Medicine Chests neatly fitted with the most approved medicines. Paints, Oil Colours, Varnishes, *Sperm*, and other Lamp Oils, &c., &c.—To Parents and Guardians. J. Hallett is in want of a youth of good (?) education, and of respectable (?) connexions, as an Apprentice, who may be boarded and lodged with the family. A premium will be required (!) Dec. 7, 1829—*The Royal Devonport Telegraph*.

PRESERVATIVE QUALITIES OF PEAT.—An inquest was held at Fannet, county of Donegal, on the body of a woman, under the following circumstances:—It appeared from the evidence, that while some men were occupied cutting turf on Friday evening, the 21st August, they discovered the body dressed in a dark stuff gown and flannel petticoat, with a scarlet handkerchief tied round the head. The body was in a state of the most perfect preservation, the flesh not in the least decayed or shrivelled, but perfectly firm and free from all unpleasant smell. The throat was cut, the hair, and a riband encircling the head, stained with blood, and the left arm broken. Several witnesses were examined, who clearly recognised the body as that of Betty Thompson, wife of Owen M'Swine, deceased, who suddenly disappeared in the month of May, 1811, under circumstances of a most suspicious nature. It was really astonishing to see a human body for thirty years inhumed in a bog, with the lineaments apparently perfect and unchanged on the day the unfortunate creature was murdered; and the clothes of the deceased were uninjured by time. Even the small-pox, with which she was slightly marked, was clearly discernible, from the powerful antiseptic properties of the bog. The figure was finely proportioned, and the limbs perfectly elastic, and most exquisitely formed, with beautiful dark hair flowing round the neck. The jury found—“That the body was the body of Betty Thompson, who disappeared in the month of May, 1811, and that she came by her death in consequence of a wound inflicted on the throat, with some sharp instrument, by some person or persons unknown.”—*London-derry Sentinel*.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Facts in Mesmerism, &c. By the Rev. Chauncy H. Townsend, A.M. Pp. 575. Longman.
A History of the Fossil Fruits and Seeds of the London Clay. By J. S. Bowerbank, F.G.S., &c. Many Engravings. Pp. 144. Van Voorst.

On the Functions of the Cerebellum. By Drs. Gall, Vimont, and Broussais; translated from the French by George Combe, with Answers to the Objections urged against Phrenology. Pp. 339. MacLachlan and Stewart.
An Enquiry into the Morbid Effects of Deficiency of Food. By R. B. Howard, M.D. Pp. 77. Simpkin.

A Manual for Students preparing for Examination at Apothecaries' Hall. By J. Steggall, M.D. Pp. 560. Churchill.

A Text Book of Materia Medica and Therapeutics. By J. Steggall, M.D. Pp. 330. Churchill.

A Manual for the College of Surgeons, &c. By J. Steggall, M.D., and M. W. Hilles. Pp. 327. Churchill.

Derangement, Primary, and Reflex of the Organs of Digestion. By R. Dick, M.D. Pp. 384. MacLachlan and Stewart.

Surgical Observations on the Treatment of Chronic Inflammation in various Structures, particularly as exemplified in Diseases of the Joints. By J. Scott, Surgeon to the London Hospital. Pp. 291.

Hippopathology: a Systematic Treatise on the Disorders and Lamenesses of the Horse, &c. By W. Pereivall, M.R.C.S., Veterinary Surgeon 1st Life Guards. Vol. 1. Pp. 331. Vol. 2, Part 1. Pp. 170. Longman.

UNIVERSITY OF LONDON.—Dr. Gore, of Limerick, inquires for some explanation of the confusion which has been sedulously cultivated in the public mind, as to the "University of London," and "London University." The first only has the power of granting degrees—the latter being now "London University College," that is, a school, the pupils of which are entitled to go up to the University for examination. Those examinations are secret; their character may be learned by reference to our 42nd, 43rd, and 44th numbers, which contain the questions given at the first examination for Bachelors of Medicine, 1840.

S. M. T.—In the last number of the *Edinburgh Medical and Surgical Journal*, appears a paper by "Dr. Thomas H. Burgess," "On Nervous Headache from Exhaustion, and its Treatment with Aconite," in which he states, what all knew before, that it was used by Stoerck in rheumatism, &c., Busch and Portal in consumption, and by Dr. Lombard, of Geneva, (who instituted some experiments with a view to prove the efficacy or inefficacy of aconite in certain diseases, for which it had been recommended by the above,) Van Swieten, and others. Would it not have been more creditable to Dr. Burgess (presuming Dr. B. to be a countryman, for we never heard his name before) to have looked at home before he sought out the doings of foreigners, and award first the praise to those entitled to it? The use of aconite is far from being new in nervous headache, and was prescribed by the late Dr. Turton, the talented botanist of Bideford in Devonshire, and a notice of his practice appeared in the pages of the *Lancet* so long ago as September, 1837, and also in the 'British and Foreign Medical Review,' vol. 5, by Mr. W. C. Radley, of Newton Abbot, who was induced to try this remedy many years before, at the recommendation of Dr. Turton. It appears that both Dr. Turton and Mr. Radley found it most efficacious, more especially in idiopathic nervous headache. Dr. Burgess, if he must play plagiarist, should have sought some other theme; and should he require lessons in the art, we would commend him to Forbes Winslow.

J. T.—The back numbers are nearly out of print, and those subscribers who wish to complete sets, should do so at once.

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THE MEDICAL TIMES.

OUR ORIGINAL INTENTIONS AND PRESENT POSITION AND PROSPECTS.

WHEN Bruce was labouring with dauntless energy to reach the sources of the Nile, meeting obstacles only to remove them, and difficulties that they might be overcome, he tells us that as each tedious desert was crossed and left behind, and as each toilsome eminence was surmounted, the defeated difficulty prompted not a stupifying influence impeding future attempts, but acted as a brightening stimulus to renewed exertion. The lode-star of his energies and the guarantee of his success was a firm determination, which no circumstances could influence, and nothing but death could overcome. With a just object in view, and by a similar firm singleness of purpose, most difficulties may be conquered, and most honest purposes be achieved, and with such object and such determination we commenced our labours. "If physic be a trade, it is of all trades the one cut out for a rogue," says a shrewd authority. *Physic has been made a trade*, and the rogues, with their usual sharpness when profit is in view, have discovered the fact, and overrun and contaminated what might otherwise be an elevated and honourable profession. Quackery without, and disunion within, the profession was and is in disgraceful jeopardy. The prominent and profitable places in the medical world being all filled by family interest and pecuniary bribes—merit, integrity, and industry, are deprived of their just reward, and fated either to become the victims of slow, cankering want, fighting a hopeless battle with appearances, or to fall into the meshes of professional or open quackery. Animated by the hope of cleansing the profession, the 'Medical Times' came into the field, determined—whatever might be the result—to speak the truth, and speak it boldly. In pursuance of this intention we have never spared a quack,

professional or public, because the practice of his art had intrenched him with riches, or hesitated to point out ignorance and inefficiency, although clothed in the robes of office and surrounded by the appliances of power. We have often pointed out the tortuous and discreditable course by which many of the present possessors of high places in the profession have gained the elevated position—and it has been our frequent duty to expose to scorn and contumely the disgraceful tricks by which merit is checked in its progress, and cheated of its reward. It is not to be supposed that we have held "the even tenour of our way" uninterrupted, or unmaligned. The guilty have writhed under the chastisement, and in the bitterness of their hearts have gone about

"Abusing Justice—having felt her Sword."

The empty boaster, whose braggadocio has been ridiculed,—the shallow pretender whose qualifications have been tested and found wanting,—the would-be author whose plagiarisms have been exposed,—the professional intriguer stopped by publicity in his dirty tricks—all join in one loud chorus of abuse. But we have passed unflinching on our way, rewarded by the support of that portion of the profession, who would give the best, not the richest man, the highest and most honourable position.

With the present number of 'The Medical Times,' we conclude OUR SECOND VOLUME, and it becomes a grateful duty to speak of what the profession have done for us, and what we have sought to effect, and still further hope to do, in return for support so promptly given and heartily continued. We shall next week give a full index and title-page to the volume now concluded. We shall also give a quantity of information, with a few words of advice to STUDENTS, who are now about to commence the Winter Session, and shall give an account of the papers with which we intend to enrich our third volume, rendering it still more worthy of the wide and encouraging support which has hitherto been awarded to our exertions.

MEETING OF THE EASTERN BRANCH OF THE PROVINCIAL MEDICAL ASSOCIATION.

ABUSES IN THE PROFESSION.—NEW VACCINATION LAW.

THE annual meeting of this branch of the above important Society, was held at Bury St. Edmund's on Monday. The report, which was read by the Honorary Secretary, J. G. Crosse, Esq., M.D., after stating why the meeting of this Society was not held at Cambridge, and the motives inducing the Council to select Bury St. Edmund's, goes on as follows:—

"Amongst the proceedings at Colchester two years since, a committee was appointed to address the Apothecaries' Company on the subject of an individual illegally practising in Essex, without belonging either to that Corporation or the College of Surgeons of London. The worshipful company gave a courteous reply, conveying their reasons for delaying to take legal proceedings. Subsequently evidence was collected, with a view to an action in the Court of Queen's Bench; the evidence obtained is represented to have been satisfactory for a successful prosecution, but the proceedings

were notwithstanding stayed without cause assigned, and the individual is still practising at Coggeshall, in Essex. Another committee was appointed at Colchester to petition both Houses of Parliament in favour of legislative proceedings for the regulation and protection of the profession, but it appears that this committee has not acted, and the only petition forwarded to those high quarters from the Eastern Districts, was framed by an individual member, and received the signatures of all, save one, of the resident practitioners in the Western part of Essex. We still labour under the disappointment of the Parent Association assembling yearly by invitation in the distant and stirring towns of the North or the West of the kingdom—the result in some measure is that apathy in public matters, to which, without being parties, we are victims; but owing, in a greater degree, to our peninsular position—the absence of railroad conveyance, and our having but one town, Cambridge, possessing the attraction and accommodation for 200 members of the profession. The prospect of a near approach of the Parent Society seems not to brighten; we must rescue ourselves by an increased attention to our local meetings; we must rely upon our own energies and resources; and, if we look to the favourable side of the subject, we find that in opportunities for contributing to the transactions, and of possessing the published volumes and other records of the Society, we labour under no disadvantages compared with our distant associates, and volumes 7 and 8 have been distributed to each member since we last assembled. The finances of the Eastern branch are in a prosperous state; one-third of the receipts—the proportion allowed—more than suffices for the expenses of our local business of committees and petitions, and the surplus has been annually transferred to the central fund, which much needed to be thus recruited to meet the heavy expenses lately incurred in the plates to the last volume. The Association, in common with every other enlightened body of provincial practitioners in the United Kingdom, is now fully embarked in the question of reformation of the profession by legislative measures, and there cannot fail to be varying shades of opinion upon this, as happens on every other topic to which the attention of a numerous and diversified body of men becomes directed; but on some points there can be no hesitation in asserting we are unanimous—the injurious absence of systematic legislation for the medical profession—the degradation of the general practitioner, and the discord amongst members from the want of systematic legislation—the crying injustice evinced in exacting hard studies and heavy fines with increasing strictness from every one who receives his diploma from any of our different public bodies, without the return almost of any privilege, and entirely without any protection against the inroads of the most ignorant and wholly unauthorized pretender. Such a state of things is not more injurious to the profession than to the public. It is a state of things more imperfect than can be found in any other country of Europe—almost of America—and it seems doomed to continue to overshadow us for our own, and even our successors' time, unless each authorized practitioner in the provinces will feel it his duty to bestir himself, and associate with his brethren as in a common cause." (Applause.) The report concludes by saying that "we must not forget that our Association is not solely for medico-political purposes—it contemplates the encouragement of that high honour and liberal intercourse between members which no legislation can touch, and, above all, the enlargement of our sound practical

knowledge for the relief of suffering and prolongation of human life.

Papers were read on the following subjects:—Mr. Ewing on Chronic Laryngitis; Mr. Copeman on bleeding in apoplexy; Dr. Arnold on an improvement on the Stethoscope, by substituting metal for wood, the latter being a bad conductor of sound, and affected by atmospheric influence; Mr. Nunn on Dysphagia; Mr. Crosse on a case of Prolapsus Linguae, in illustration of which several plaster of Paris models of the protusion were exhibited, with a sketch of the internal portion of the jaw; and Dr. Hake on ossification of the various kinds of calcareous deposits.—Ipswich was appointed the place for the next meeting of the society.—Mr. Jefferson made a remark upon a clause in a recent act of Parliament for the extension of vaccination. It was intended, and would have the effect of compelling medical men, who were Union surgeons, to vaccinate all those who might chose to apply to them for the charge of 18d.; this he thought was degrading to the profession. He was perfectly willing to extend vaccination, and to perform it upon the poor for an 18d. fee, but he did not like to do it for his regular patient, the little tradesman or the little farmer, who would then be entitled to demand it. He wished very much to have the sense of the meeting upon the subject.—Mr. Young thought the intention of the Legislature was that the poor should have the opportunity of going to a medical man, and being vaccinated for that fee, but the Act never could contemplate that those who could afford to pay a larger amount should demand to be vaccinated for that sum.—Mr. Bree said the sum allowed under the Poor-Law Act of Elizabeth (half-a-crown) was barely sufficient to remunerate a medical man in tolerable practice for two attendances, and for dispelling the prejudices from the minds of the poor. When he first received the situation he held as surgeon to the Union, he offered to vaccinate any poor person who should apply to him, gratis, simply because he wished to show that he was friendly to the protection afforded by vaccination.—Dr. Crosse thought the amount of remuneration proposed by the Poor-Law Commissioners for vaccination was quite as good as in any other department of pauper attendance, and he really hoped that no respectable patient would take undue advantage of the 1s. 6d. fee. He would propose (which was carried) a resolution that a committee be formed, to consist of Messrs. Jefferson, Day, and Bree, to hold communications on this subject with Mr. Chadwick, the Poor-Law Commissioner, who had the sole direction of these matters.—After thanks had been voted to the Fcoffees and to the Chairman, the meeting adjourned to dine at the Angel.

CURIOUS QUESTION OF MEDICAL JURISPRUDENCE.

POISONING BY ARSENIC.

From our Paris Correspondent.

WE continue our account of this important case. In our last number, we gave the analysis of certain alimentary matters; the remaining analyses are reported as follows:—

Beer.—After having deprived the liquid of its colour by the addition of charcoal, we submitted the filtered liquor to the action of hydrosulphuric acid, without producing any change, neither was any change occasioned by hydrochloric acid.

Gum Water.—Nothing appeared which could lead to a supposition of its containing arsenic. (Notwithstanding this affirmation, it will be found that a box of the powder of gum arabic,

in the possession of the prisoner, of which she administered to the deceased, contained arsenic.)

Liquid Contents of the Stomach vomited.—A part was heated, filtered, and treated by hydrosulphuric acid. A light yellow colour was perceived. The addition of hydrochloric acid produced no modifications.

Liquid remaining in the Stomach, and the Substance of the Stomach itself.—The liquid deprived of its colour by animal coal and filtered, was mixed with an equal quantity of water, in which we had boiled the stomach. These liquids were boiled in a flask with nitric acid, and gave out slightly coloured vapours. We then saturated the liquor with carbonate of potash. Finally we added an excess of sulphuric acid with a few drops of hydrochloric, which occasioned a flaky yellow precipitate. Thus we dissolved in ammonia and water, and finally evaporated to dryness. The residue, a yellow substance, mixed with equal parts of charcoal and carbonate of potash, was put into a glass tube. The mixture was heated in order to dissipate all humidity. The mouth of the tube was then drawn out to a point, by softening the extremity, and an attempt was made to produce a red heat of the part which contained the matter under examination. An explosion took place, which obstructed the experiment.—We conclude from these experiments—1. That the *lait de poule* contained a great quantity of arsenic.—2. That the toast and water contained arsenic.—3. That the sugared water contained arsenic.—4. That the beer and gum-water contained none.—5. That the liquids vomited from the stomach contained none.—6. That the liquids contained in the stomach, together with the substance of the stomach itself, contained arsenic.—The report added, that the experts had forgotten to speak of a piece of flannel used for friction of the body of the deceased, which also was found to contain arsenic in the form of a white powder.

In opposition to the report of the experts, the counsel for the prisoner read the following letter from ORFILA:—

"The Dean of the Faculty of Medicine of Paris, to M. Paillet, Advocate.

"August 20th, 1840.

"SIR,—By your note of the 17th, you inquire whether it is sufficient evidence of the existence of arsenic, that a liquid contained in the stomach, or produced by boiling a portion of that viscus in water, by the addition of sulphuric acid, should give a flaky yellow precipitate, soluble in ammonia?—My reply is in the negative. Every physician acquainted with medical jurisprudence imperiously insists on the necessity of extracting the metallic arsenic from the precipitate. In my works I have strongly urged this necessity, and I have severely blamed those who, having neglected to extract the arsenic, have nevertheless inferred the existence of an arsenical compound in the precipitate in question.—In 1830, Barruel and I related the particulars of a judicial proceeding in the third volume of the '*Annals d'Hygiène*,' wherein you will find the solution of the question you address to me.—Experts, whom it is useless to name, had raised suspicions of poison from the fact that, by treating certain liquids with sulphuric acid, they had obtained a yellow flaky precipitate, soluble in ammonia. We discovered that this pretended arsenical preparation contained not an atom of arsenic, when its reduction was attempted. It was nothing but an animal matter contained in the bile.—M. Chevalier has just inserted in the last number of the '*Journal de Clinique Médicale*,' a paper in which he announces that since 1830 he has twice found an analogous substance. ORFILA."

M. MASSENET, one of the experts, in reply, quoted Orfila's 'Treatise of Medical Jurisprudence,' vol 3, page 3, as follows:—"There is a principle in medical jurisprudence which admits of no exception, that when the metallic poison cannot be detected by reagents, we must proceed to the separation of the metal;" but in page 159, "if a solution, after having been filtered, furnishes a precipitate of sulphur of arsenic on the addition of hydro-sulphuric acid, with a few drops of the hydrochloric, we must conclude that it contains arsenious acid."—But M. Massenet forgets that Orfila assumes the precipitate in the hypothetical case to be really the *sulphur of arsenic*, which is the point to be proved in the case of Laffarge; and M. CHEVALIER has distinctly shown that an animal precipitate exists which so closely resembles that poison, as to be liable to be mistaken for it.—M. Chevalier's account in the '*Journal de Chimie Medicale*' is as follows:—"Persons engaged in chemico-legal analysis have remarked—1st. That when a current of sulphuric acid has been passed through a decoction of animal matters, a greyish and sometimes brownish precipitate is produced.—2nd. That when the liquid contains arsenious acid, the precipitate is yellow, but the colour is not always pure, and the flakes are slower in depositing than the pure sulphur in the same circumstances.—3rd. That this sulphur is partially soluble in ammonia, leaving an insoluble residue, and furnishing a coloured solution, which shows that this sulphur was impure. The impurity is further demonstrated on its decomposition by alkalis and charcoal. In such case empyreuma is produced, which shows that the sulphur was mixed with animal matters precipitated by sulphuric acid.—The substance resembling sulphur of arsenic was first perceived in a case of suspected poison. It is slightly soluble in boiling water, without imparting a yellow colour to it; nevertheless, when a current of hydro-sulphuric acid is passed through the decoction, the matter deposits in the form of yellowish flakes, differing however from the arsenical compound in its pearly and brilliant appearance, and from its adhering to the paper in a different manner from the sulphur.—This substance, which seems to be formed from the bile, is of a fine yellow colour, soft to the touch, inodorous, insipid, insoluble in cold water, soluble in boiling water, very soluble in ammonia, and imparting to it a yellow colour. If the ammoniacal solution be treated by hydrochloric acid, this product gives a new flaky precipitate, like the sulphur of arsenic—exposed to heat, the yellow matter is decomposed into pyrogenous ammoniacal vapours, leaving a voluminous shining coal—if submitted to the different operations indicated for obtaining the metal from sulphur of arsenic no trace of metal is perceived, but ammonia, and an empyreumatic oil are produced. This yellow matter has been already perceived in a medico-legal examination, where poison was suspected; a diaphanous and colourless decoction of the intestines rendered lime-water turbid, furnished a green precipitate with ammoniacal sulphate of copper, and a yellow one with sulphuretted hydrogen.—The experts made several experiments on the yellow precipitate; it was soluble in ammonia, like the sulphur of arsenic, but they could not separate the least atom of metallic arsenic. Nevertheless, struck with the form and colour of this product, its solubility in ammonia, they submitted the matter for my examination. My previous experience enabled me to answer that this substance, which had some points of resemblance with the sulphur of arsenic, contained not a particle of the metal, and was entirely composed of organic matter."

A report was made to the King's Procurator, in which this opinion was glanced at without much weight attached to it, and the reporters seemed inclined to suspect the presence of arsenic, while they were obliged to admit that they had found none. Messrs. Orfila and Baruel were therefore requested to renew the experiments, having done which, they reported that the matter contained no arsenic, and that the colour was probably due to bile containing a large portion of yellow colouring matter.

(To be continued.)

PROFESSIONAL SKETCHES.—NO. III.

ARS HIPPOCRATICA VERSUS HIPPOCRATICA.

(Concluded.)

THERE is, 'tis true, another road,
With bridge of gold and quite as broad,
'Tis the art to curry favour,
Dolts and dotards soap and slaver,
And knowing well to bow and cringe,
On golden calves your peg to hinge.
They are not the only asses
That nibble weeds, and docks, and grasses,
And should a Lord but chaunt your skill,
'Twill make a river of your rill.
Observe these hints and you will rise
Like fumes from dunghills to the skies.
If you'll but listen to these rules
For making LEECHES out of fools,
Despite of lack of education
You shall reach to gold and station;
And, tho' some folks may smoke "a snob,"
Your character they cannot rob.
In chaster ears your name may stink,
But get rich, and the mob will blink.
Rely upon it, nought can stand
Against your *infallible* hand;
No talent can exclude from view
A "so superior" man as you;
No Cato e'er can interrupt
Your cause upon a soil corrupt.
'Tis the rule in "Age of Bronze"
That wit should never save a scone.
The doctrine of this Brazen Age
Says, "Oaves in physic are most sage,"
The days of Truth and Reason past,
Killing's become no crime at last.
Physic is ruled by stale old maids,
And Epicenes of various grades;
Science retires to shades for ever,
The brightest minds from physic sever;
Nothing but a knave surpasses
In a State that's ruled by Asses.
In physic now the Thames is burnt
By dolts who nothing ever learnt;
The brain-sick world prefers a fool,
To him who's taught to cure by rule;
If you want some bright ensample
In modern *Baias* they are ample.

Had Swift but life, if Béddoes' star
Could rise to wage Censorian war,
Talent might once again revive,
Nor in the field so vainly strive;
CANT, QUACKERY, lose their pride of place,
Purg'd from the new degen'rate race,
Reason resume her proper sway,
And genius feel a brighter day.

ASCLEPLEIADES.

September 14, 1840.

Dr. Westropp, formerly a pupil of Dr. Apjohn, Royal College of Surgeons in Ireland, has been elected Professor of Chemistry; and Dr. Gore, Professor of Natural Philosophy and Animal Physiology, to the Limerick Philosophical and Literary Society.

Dr. Hopkins has been elected physician to the Finsbury Dispensary, in room of Dr. Thompson, resigned.

CASE OF DUMBNESS SUCCEEDING TYPHUS FEVER.

DR. FOLEY, of Kilrush, who communicates the following case, says—"I submit it as a question for physiologists—What is the cause of dumbness in the following case? upon what lesion does it depend?"—The family of — H. was visited with typhus fever about this time twelve months, a time when, unfortunately, a very great distress prevailed amongst the poor, which, with the affliction of disease, imposed long and most distressing privations on the unhappy sufferers. Every member of the family, with the exception of the father, was seized early in succession with the malady—the last, the poor man's only son, a smart, intelligent, industrious boy, about thirteen years of age. I saw him for the first time on the ninth day of his illness. Never can I forget the scene of desolation and wretchedness that presented itself on that melancholy occasion. Two or three little girls, stretched together on a miserable little bed of straw, in a corner of the room—the mother (in fever) sitting beside the dying embers of a fire, presenting a countenance not easily to be forgotten, caused by the joint influence of anxiety, want, and disease. There lay the subject of my case, on a little pallet, the best bed his family could afford—the skin burning, dry, and literally black, from smoke and other inconveniences—eyes and mouth half-closed—comatose—complete paralysis of the right side, in which the muscles of the orbit, the face, and tongue, partook most remarkably—an incontinence of urine and faeces—in fact, every symptom that individually or collectively could mark an exceedingly unpromising case. My first care was to have as much improvement made about his person as could be done—the head shaved—a large blister applied, covering all the occiput, (from the superior occipital ridge,) and the nape of the neck—calomel and antimonial powder, given at intervals of four hours, until the constitution showed evidence of it, which was not for four days—the blistered surface was dressed in the mean time with diluted mercurial ointment, and the case altogether watched with a good deal of anxiety.—On the fourteenth day, a slight diaphoresis appeared—the secretions put on a more improved appearance, and the paralysis was evidently yielding. The case was now making slow but steady improvement—all the symptoms subsiding, and muscular action returning. On the nineteenth day, his father came to my house, in great delight, to say that "he had not spoken a word from the fourth or fifth day of his illness, and is now singing songs." On inquiry, I found that he was humming the airs of songs, but could not *articulate* a syllable. He went on from this time gradually improving, until he was able to run about; *he had not then or since articulated a word*, and is as well possessed of every other faculty as ever he was. The closest examination shows nothing wrong with the larynx or tongue.—The different senses, taste, smell, &c., are as good as ever they were. If he be desired to do anything, he does so immediately, and as well as he would have done before his illness. He very often amuses himself humming airs; his father tells me "he turns his tunes as well as ever he did," and says he was very fond of singing. He is perfectly conscious of his privation, and dreads to go near any person that might annoy him for it. I will not lose sight of this interesting case; and if the attempts to restore the lost faculty be successful, I will communicate all new particulars.

Died, on the 16th inst., A. Melville, Esq., formerly of the H.E.I. Company's Bengal Service.

REVIEWS.

A Letter to Sir Benjamin Brodie, containing an Inquiry into his Lectures illustrative of certain Local Nervous Affections. By W. GOODLAD, M.R.C.S., &c. Longman.

IN this letter, which extends to upwards of a hundred and fifty pages, the author has entered at length into a discussion of the origin and treatment of a class of local "nervous" affections for which medicine has hitherto done but little. He commences with great boldness by attacking the opinions of Sir B. Brodie, in local nervous and hysterical affections, and, taking Sir B's lectures as a guide, analyses his statements, opinions, and practice. The means of diagnosis in such cases are frequently so vague and uncertain, that much looseness and uncertainty of practice frequently arise; and when we find such men as Sir Benjamin Brodie inclined to justify a belief of the intractable and hopeless character of these complaints, many thanks are due to any one who prompts a more confident, searching, and vigorous line of diagnosis and treatment. Mr. Goodlad gives a number of cases, which show the beneficial effects produced by attention to the spinal chord as the seat of the mischief in numerous cases of "local nervous affection." He also takes several cases given by Sir B. Brodie, and analyses them with the intention of affording a more distinct description of the real bearing of the symptoms and precise seat of the complaint. We will extract a few passages:—

It may, I think, be advanced as an axiom, that disease, or disorder of any kind, in the larger masses of the nervous system, controls the sympathetic action of distant parts, and creates new ones; thus rendering explicable what you well remark, we "may perceive at once" would be otherwise "extraordinary." I allude to the sympathetic disorders in parts, "having no direct communication with each other," "that will afford a reasonable explanation of the occurrence of the sympathetic pain." You believe "it is in the brain itself" that this communication is made, but nowhere inform us under what circumstances. And even this opinion we may be permitted to question, except to a limited extent where the nerves arise immediately from it, when we consider the nature and tendency of the experiments of Flourens and Majendie, who endeavour to show, indeed, that the spinal chord and the medulla oblongata are the only parts of the larger masses of the nervous system especially concerned in sensation; and this, if correct, as is well observed, "renders it probable that many, if not all, sympathetic actions are dependent on these parts."—With these preliminary observations, I may venture to quote, and endeavour to analyze, a few of the cases furnished by you which seem most anomalous. "A gentleman awoke in the middle of the night, labouring under a severe pain of one foot; at the same time that some other sensations, to which he was not unaccustomed, indicated the existence of an unusual quantity of acid in the stomach. To relieve the latter, he swallowed a large dose of an alkaline medicine. Immediately on the acid in the stomach having been thus neutralized, the pain in the foot left him." "The late Dr. Wollaston ate some ice cream after dinner, which his stomach seemed incapable of digesting. Some time afterwards, when he left the dinner-table to go to the drawing-room, he found himself lame from a violent pain in the ankle. Suddenly he became sick, the ice cream was rejected from the stomach; and this was followed by an instantaneous relief from the pain in the foot."—These cases, with others, are intended to illustrate another position viz., "that an impression made on one part of the body will produce a nervous affection elsewhere, at a distance from the original seat of the disease," "and where no obvious explanation of the fact presents itself." It no where appears where the "original disease" in these cases is to be found; for there can, I ap-

prehend, be no question, that disorder existed in the case of Dr. Wollaston before he took ice cream, and that there was such a disposition to disease as to render that a very imprudent article of diet. The previous and the succeeding history of these individuals is not given; but it may, perhaps, be gathered from the small portion afforded, that though there was derangement of the stomach, there was no disease there; the complaint "manifested itself," indeed, "at the extremities of the nerves" in both cases, but the cause of that manifestation existed at their origin with the spinal chord; and believing this, the phenomena are very simple and very explicable.—The presence of noxious substances in the stomach produced irritation in the nervous branches ramified on its surface, and this being conveyed to the spinal chord, did not proceed as "accident" directed, but was transmitted to and influenced another part of that substance, more susceptible of impression than the rest, and this susceptibility again "manifested itself" at the extremities of those nerves which arose from it. There seems no reason for believing that "the brain" was influenced in any degree, in this transition of disorders to distant parts; and it is not hazarding too much if we add, that no state of the brain and no disorder in it will account for them. But if there had existed any disposition to disease in the vascular system of that organ; or even any greater activity in the vessels than their function required; the secondary affection, if I may so term it, would have been exhibited at the extremities of nerves arising from it; and the symptoms would have been varied accordingly.—If with this predisposition to disease the immediate cause of disturbance had, in these cases, been "manifested" in the feet, the secondary affection would have been exhibited by disorder in the stomach in the one case, or by affection of the brain in the other; and in this way only can we explain the symptoms witnessed daily in gout, in phlebitis, and in other diseases. There is no reason to believe that the symptoms were the consequence of disease in the part to which the pain was referred. No disorder of the stomach which is known, would account for Dr. Wollaston's pains in the foot; and "sickness," and "heartburn," "and acidity," are all observed, as "in the stomach of a gentleman," without being followed by pain in the instep; and it is, I venture to repeat, this intermediate state which is necessarily passed over in your Lectures unexplained, because not "easily explicable" by the theory of hysteria, if hysterical affections have "no determined seat."—I hope to demonstrate that there is local disorder existing between the parts primarily and secondarily affected in these cases, and that the same laws are observed, whether the roots of the nerves affected have a "contiguous" or a distant origin.

It may be regretted that Mr. Goodlad did not commence with a distinct statement of his own views of the nervous system, for it is only as we continue his letter that they manifest themselves. The cases, however, demonstrate most remarkable effects obtained in obscure and serious nervous affections, by cupping over any part of the spinal column which manifests tenderness on pressure. If it were for these cases alone the volume well deserves perusal; they are too long for extract, but we must make space for the following:—

The knowledge of the existence and the progress of disease in different portions of the spinal medulla, and in which the nerves connected with those parts participate, simplifies the symptoms observed in a great variety of disorders, and gives a precision to practice which can only be obtained, I believe, by this knowledge. Thus disorders of the uterine organs, and the chain of circumstances, numerous and extensive as they are, which connect these organs with other parts, can only be understood by the admission of corresponding local causes at the origin of nerves connected with them only through the spinal chord; and though I have endeavoured to point out the progress of disorder in one part of the medulla spinalis, and though disorder within the spinal canal is thus

limited in many cases, it cannot but be expected that the same state will exist in other parts in which other organs will participate. Thus the nerves of function in one organ, as the stomach, will labour under the same disordered action as those of the heart; and symptoms of indigestion will exist in such cases long before disorders of the heart are manifested, the latter being called into activity by the extension of the complaint in the spine from a severe cold; by inflammation in the lining membrane of the air tubes in the lungs; or by cold applied to the surface of the body, and vice versa.—Where such disorder does exist in different portions of the chord, and in the nerves arising from it, very slight causes applied to the extremities of one set of nerves will immediately operate on the organs connected with the other; and hence, on the approach of menstruation, we have not only pain experienced in those organs connected immediately with that function, but inordinate vomiting in one case, violent action of the heart, and violent action of the muscles connected with respiration in another. Hence also epilepsy, where there is disposition to disorder in the brain, the medulla oblongata, or as many cases will prove, in other parts of the spinal marrow, or in the coverings if sufficient to operate on the nerves connected with them; those parts being called into activity by irritating causes applied in distant organs, in which, however, without local disorder at the origin of nerves distributed to both organs, they would never have participated.—This is well illustrated in the convulsions which arise during labour, and connected with that function. In most cases of puerperal convulsions, so far as I have witnessed them, previous disorder may be traced, and its existence denoted, by tenderness at the origin of some of those nerves connected with the womb. The act of parturition, and the increased vascular action which is connected with it, are well calculated to give activity to a state of disorder already existing there, although not sufficient to overpower the ordinary functions of any part, without the additional assistance of such a cause.

Altogether we commend Mr. Goodlad's letter to the medical public—it gives the result of much successful practice, and will well repay the reader. If we experience a regret, it is that the author did not rather choose to produce a systematic treatise, than to give a partial description of his views in the form of a letter.

A Treatise on the Diseases of the Eye and its Appendages. By RICHARD MIDDLEMORE, M.R.C.S., Surgeon to the Birmingham Eye Infirmary. Longman.

THE very valuable standard work which we now have before us, contains the substance of lectures delivered annually by Mr. Middlemore, in Birmingham. It might on some grounds be regretted that the work is not more concise; and although this is, for all practical purposes, certainly erring on the safe side, yet it must be allowed that if more condensed it would be in every respect better adapted for students, who are occupied with such a multiplicity of other studies. Notwithstanding this objection, we can with every confidence recommend it, as a production showing great research and observation, as well as one containing the results of a great mass of sound practice. Any one examining the work must perceive that Mr. Middlemore has made himself completely conversant with diseases of the eye, practically as well as theoretically; and although we cannot help thinking that he is rather egotistical on some points, yet it is pleasing to see our provincial brethren not in any degree succumbing to the talent of a Lawrence, a Mackenzie, or any other writer on Diseases of the Eye. We delayed our notice from a wish to enter more fully into the merits of the work, but as our columns will not now permit it, we conclude by wishing Mr. Middlemore equal success in all his future publications, and by ex-

pressing a hope that he will not fail to acquaint us with his more recent experiences in the treatment of ophthalmic diseases.

The Nature and Treatment of Dropsy, Anasarca, and Ascites. By E. J. SEYMOUR, M.D., Physician to St. George's Hospital, &c. Longman.

THE first part of this work is on "Anasarca, or Dropsy of the SKIN"!! a definition of course correct in the most rigid pathological acceptation, as it is laid down by a gentleman who has filled the post of physician to a large hospital for many years. The introduction is written to prove that this disease is a symptom of disease of some one or more of the viscera. In the first chapter the author endeavours to explain how diseases of particular viscera produce particular forms of dropsy. The gist of the matter is, that capillary congestion, whether produced by organic disease, debility, venous obstructions, or any other cause, is the proximate cause of dropsy.—The second chapter treats of anasarca from rheumatic disease of the heart—it is a very meagre outline of the subject. Bouillaud's name is not even mentioned. Some remarks on the use of cantharides occur in the next chapter, and we extract them as worthy of attention, though they appear somewhat out of place in a treatise on anasarca from dilatation of the heart.

USE OF CANTHARIDES AS A DIURETIC, AND IN PARAPLEGIA.

Cantharides have been recommended from very high antiquity, and have been employed, and afterwards laid aside or neglected, partly from their irritating effects when they are incautiously exhibited, and partly from their partaking of the uncertainty of all diuretic medicines, (Dr. Wells's cases might well have awakened a spirit of inquiry,) partly because of the condemnation of Dr. Cullen, who says, "they failed certainly in the hands of Dr. Carmichael Smyth, who asserts that, in his frequent exhibition of the tincture of cantharides, he never once observed the secretion of urine increased." In modern practice they have been recommended by Cloquet, who believes that in substance the cantharides produce strangury, but in liquid are diuretic. In aged people, and those labouring under any disease of the prostate or of the mucous membrane of the bladder, I fear it will be found that in tincture, as well as in substance, the cantharides produce this very painful consequence. It may be here permitted also to make a few short observations on the great influence which this medicine exercises over certain cases of paraplegia. I have succeeded beyond my hopes in restoring the use of the limbs in early life in this dreadful disease. It has been long known to be useful in such cases; and in pressing it upon the consideration of the profession, I am advocating no very novel practice, though the successful cases are scattered through different works. In all the cases in which I have seen its administration effectual, it has acted as a powerful diuretic; and if Dr. Baillie's opinion be correct as to one of the causes of this disease, ("if there be any effusion of serum between the membranes of the brain, which is a very common occurrence, a portion of the serum may fall into the cavity of the theca vertebralis, and press upon the lower part of the spinal marrow,") this diuresis will sufficiently explain its utility in the palsy of the lower extremities.—The following cases are remarkably striking ones:—William Mowland, æt. 29, was admitted into St. George's Hospital, July 22nd, 1835, affected with palsy of the upper and lower extremities; two years before he had suffered from paralytic affection of the hands in a less degree. On admission, he was unable to stand, or feed himself; his intelligence was entire, but all movement of the extremities suspended; the sensibility in the lower limbs was likewise impaired; his appetite and digestion nearly natural; he passed his stools and urine at times involuntarily; his sleep was much disturbed.

Pulse 80; tongue clean.—I ordered strips of blistering plaister to be applied to the spine, and the vesicated surface to be dressed with mercurial ointment, being the most effectual practice in palsy with which I was acquainted; his bowels were also ordered to be kept open. This treatment was repeated three times, and some increased degree of power over the lower extremities appeared to be the consequence; but as the case did not progress, I requested a consultation with my friend and colleague, Dr. Chambers; it was agreed to give him the tincture of cantharides.—On the 28th of August, thirty minims were ordered to be taken thrice daily, in water.—In two months, during which the practice was never varied, he recovered the entire power of his limbs, and the sensibility returned; the extensor muscles of the fore-arms alone remained disobedient to the will. (He had never worked in lead.) Splints were ordered for these. In four months from the beginning of the disease he was able to walk out, and to help himself, weakness only of the extensor muscles remaining; at this time a slight strangury came on; and it is remarkable that this did not occur until the disease, for which the cantharides was prescribed, had almost entirely ceased. Camphor, and the use of the warm hip-bath, relieved the symptoms. He remained in the hospital during the winter, in order to test the permanency of his cure, and left it quite well in March 1836.—Henry Mansell, a prize-fighter, æt. 22, was admitted, in the winter of 1834-5, into St. George's Hospital, after a pugilistic match, in a state which gave reason to believe he suffered from concussion of the brain. He recovered his senses, but remained paralytic of the hands and legs. He was unable to stand; and in order to move from place to place, crawled forward, shoving himself onward with one leg, as children do when first learning to walk; the sensibility in the legs was almost destroyed. He was during some weeks under the care of Sir B. Brodie, who relieved the affection of the brain arising from the accident; subsequently he was transferred to my care. He had used full doses of strychnia without the least benefit; all the animal functions were natural, (pulse 60.) I ordered him to be cupped once in every fortnight, from the nape of the neck, and blisters to be applied in succession over the spine, and dressed with mercurial ointment. Great relief was afforded by this treatment; he recovered the use of his arms and hands, and greatly increased power over the lower extremities. At this time I ordered him the tincture of cantharides, as in the former instance, and very rapid progress was made. In less than a month he was enabled to walk well on crutches; and so satisfied was he with the hope of ultimate recovery, that he left the hospital at his own desire.—The recovery in this instance was preceded by creeping pains along the course of the spine and in the limbs, occasionally very severe; they were relieved by the sp. ammon. succinat. in camphor mixture; these pains exactly resembled at times the aura epileptica. I have seen one more case recover under this treatment; and there is one other case now in the hospital, under the same course, with every prospect of success.

In the fourth chapter the author treats of cases of anasarca occurring, without organic disease of an internal organ, from cold applied to the body; after eruptive diseases, especially scarletina; and from debility in young females, with suppression of the catamenia, as succeeding to very large discharges of blood after child-birth, or from accident. Let us take the following sentence as a specimen of Dr. Seymour's knowledge of his native language:—

The pathology of the anasarca which succeeds scarlet fever is not well understood. That it is seldom fatal I am fully convinced, notwithstanding the observations of De Haen and others, and by comparing epidemics with those of former years, it appears to be far less frequent than formerly, as a consequence of dropsy.

What is "seldom fatal?" The pathology or the anasarca? Dr. Seymour means the latter,

but writes the former. Again, what is "far less frequent than formerly?" It may be the pathology! it may be the anasarca, it may be scarlet fever, but it is death which the Doctor means. We could point out fifty such sentences in the book. A chapter on Anasarca from disease of the kidneys follows, and we arrive at the second division of the work—on Ascites. There is nothing new in our author's view of the pathology of the disease, or of its treatment. In an Appendix, which, by-the-by, is nearly as long as the work itself, we have a translation of the work of Dr. Geromini on Dropsy. Some will be uncharitable enough to think this might as well have been left to expire in its original Italian dress, for the great point of the author that inflammation is uniformly the cause of dropsy, has long since been proved to be as untrue in pathology, as it is mischievous in practice. The following extract will give a good idea of the reasoning of the Italian Doctor:—

DR. GEROMINI'S THEORY OF THE CAUSE OF DROPSY.

Reconsidering for the moment the materials derived from the preceding observations, it is quite clear that we have discovered five most important facts:—1. That the collection of fluid constituting dropsy, in the different parts of the animal machine, is most similar, both by its sensible qualities, and from the principles detected in it by chemical analysis, to that which we see produced on the surface of the body, whenever certain forms of inflammation, produced either artificially or naturally, are developed there; and hence, that the collection of this last, whenever produced under the epidermis, may be considered as a true cutaneous dropsy.—2. That the fluid of dropsy is, on the contrary, wholly different in its component principles from the fluid which naturally exhales in the different cavities of the animal machine.—3. That among the productions of inflammation which attack the different parts of the body, dropsy is the most frequent, (principally speaking of erysipelatous inflammation), is demonstrated by the practical and anatomical observations of all the greatest writers of ancient and modern times, it having been seen always as at present that the anasarca, ascites, hydrothorax, and hydrocephalus, were generated by visceral inflammations; and above all by inflammations of the skin or membranes.—4. That in all patients who die from dropsy, from whatever remote cause it may be supposed to have proceeded, organic alterations are always found, irrefragably demonstrating a preceding inflammatory action.—5. That the principal method of cure, and the most successful, pursued in all times, was always to promote the secretion and evacuation of the animal humours; and in some cases, at the same time to increase the activity of the functions of organs which maintain the necessary nutrition of parts: hence that from the exclusive use of stimulants, properly so called—wine, spirits bark, aromatics, no one has ever succeeded in curing dropsy.

We cannot afford more space for the examination of this translation, or we might point out some of the most atrocious pieces of absurdity we ever met with in medical writings. We can only express a hope, that when Dr. Seymour next takes upon himself the labour of translating Italian, he will select some work not absolutely worthless.

Hæmorrhoids, Piles, Prolapsus, Fistulæ, &c. By A. PAUL, M.B., &c., &c.

THIS book contains little more than a detail of symptoms of every day occurrence, and contributes nothing in elucidation of the pathology of Piles. The author deprecates, in sweeping terms, the use of the knife and the ligature, but whether it is that he is incapable of using those useful means, or because he thinks most money is to be made by the bath of which he informs us he is the patentee, the reader is not

long in doubt. He reiterates the value, with the view of superseding all other remedies save "my bath," "my pills," "my mixtures," "my lotions," "my bougie," all secret preparations, and therefore liable to the ban of Quackery. The cases recited at the after-part of the book of course tend to show everything favourable to the panacea set forth, while further on are to be found—à la Doctors Eady, Morison, and Co.—letters of approval from Tom Snuggs, Jack Snooks, and a host of others, which prove that quackery and "M.B., A.M., Oxon.," may be coupled together.

HOPITAL REPORTS.

HOSPITAL LA CHARITE.—M. VELPEAU.

Excision of a portion of the Acromia and the Acromial extremity of the Clavicle.—The patient, a female, after a fall, had an abscess in the acromial part of the shoulder joint, which was followed by the expulsion of a splinter of bone from the clavicle. The wound healed, but at length a new train of symptoms arose, an abscess formed and discharged, and a probe passed into the orifice proved that the acromion, together with a portion of the clavicles were necrosed. The most careful examination left no doubt that the disease was limited to the parts in question, without extending into the joint.—As the necrosed portions were not detached from the sound bone, no alternative remained but to remove them by means of the chain-saw, an instrument which is employed with much success in amputation of the jaw.—The diseased part was laid bare by a semicircular incision, whose convex portion was downward and inward; the flap being then turned back, the chain-saw was passed in succession beneath the clavicle and the acromion, at the boundary of the diseased portion, and they were sawed through from below upwards.—*Gaz. des Hop.*

New Operation for the Radical Cure of Hernia—Subcutaneous Scarifications of the Inner Surface of the Sac.—M. Velpeau, among other proceedings for the radical cure of hernia, had tried injections of iodine into the sac, as in case of congenital hydrocele. This plan has not been followed with sufficient success to justify a favourable opinion of it, an experiment therefore has been made of scarification within the sac.—For this purpose, the intestine was first reduced, and the finger passed as far into the ring as possible, for the purpose of keeping the spermatic cord out of the way of an incision. A spatula was then introduced into the ring by an assistant, and employed as a lever to open the orifice in one direction, while the finger operated in the other. A lance pointed instrument was then passed into the angle made by the extremities of the finger, and the spatula, whereby the peritoneal sac was punctured within the inguinal canal, and the inner part was scarified with the point of the instrument, as high up as the inner orifice.—The external incision was scarcely perceptible. A peculiar truss was employed, so as to press upon the inguinal canal, in order to effect, if possible, the adhesion of the scarified surfaces.

HOSPITAL OF PISTOIA.—PROFESSOR BIAGINI.

Extirpation of the Clavicle, without impeding the regular Motions of the Arm. 2 Cases. (*Gazette Medicale*).—After pain in the region of the clavicle, tumefaction, and fever, an abscess took place, and finally the bone was discovered through a fistulous opening to be necrosed. At the expiration of several months, it was found to be moveable, and as it was completely denuded of its periosteum

in every part, the attachment of the muscles was evidently destroyed. All then that remained to be done was, to cut up the fistulous opening to the sternum, and detach the costoclavicular and sternum ligaments, then to make an incision upon the acromial articulation for a similar purpose, and draw out the bone, leaving a bridge between the two incisions.—After the wound was healed, the patient could move the arm in all directions, and climb a tree with it. The subclavian muscle seemed a little indurated. The shoulder, deprived of its clavicle, is somewhat depressed and brought forward.

Case 2.—The former patient was operated by Dr. Mazzoni, of Pisa. The one under consideration by Professor Biagini, of Pistoia, if operation be called the removal of a necrosed clavicle with forceps, through a large scrofulous ulcer near one of its extremities.—The disease occurred in a boy, fifteen years of age, who was scrofulous, and for a long time previous to his admission, had several ulcerations in different parts of the body. The one in the region of the clavicle existed seven months, and through it eventually the necrosed bone was drawn away.—The ulcer, by means of nitrate of silver, cicatrized in thirty days after the ablation of the bone, and finally a hard and apparently osseous substance seemed to perform the functions of the clavicle, from which the Professor inferred, that a compact mass of fibro-cartilaginous tissue supplied its place.—It should be remembered that Mott, Warren, Travers, and others, have also extirpated the clavicle with success.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Dr. Charles Carter, appointed Surgeon, and M. J. Dill, Assistant-Surgeon, to the Calcutta.—Assistant-Surgeon Robert Howard has passed his examination to qualify him for promotion to the rank of Surgeon.—From the Britannia to the Queen: Surgeon Thomas Miller; Assistant-Surgeon Wm. F. Carter.—From the Donegal to the Britannia: Surgeon John Tarn; Assistant-Surgeons J. Campbell and W. H. Bent.

ADVERTISEMENTS.

CHARLOTTE STREET SCHOOL OF MEDICINE, No. 15, Charlotte Street, Bloomsbury.—Lectures will commence on THURSDAY, October 1st.

Anatomy, Physiology, Demonstrations and Dissections daily	By Mr. Dermott,	£7 7 0
Theory and Practice of Medicine	Dr. Arnold,	5 5 0
Midwifery and Diseases of Women and Children	Dr. Ryan,	5 5 0
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ST. THOMAS'S HOSPITAL.—The Lectures on Midwifery and the Diseases of Women and Children, by DR. CAPE, will commence on Monday, October 5, at 11 o'clock. 64, Brook-street, Hanover-square.

TO MEDICAL STUDENTS.—A Medical Gentleman residing within Two Miles of the Borough Hospitals, wishes to receive a Gentleman as Boarder, and to assist him in preparing for the examinations required by the different Medical Boards. For Cards of Address, apply to the Medical Times Office, or to Messrs. Hodge and Home, Druggists, Blackmau-street, Borough.

Just Published, Price Seven Shillings, SPINAL CURVATURE, its Consequences and its Cure, being 33 Cases successfully treated by John B. SERNY, M.D., formerly House-Surgeon to the Westminster Hospital, &c. &c., Illustrated by numerous Woodcuts and Engravings. Published by Sherwood and Co., 23, Paternoster Row, London.

A MANUAL of the DISEASES of the EYE, considerably enlarged. By HUGH HOUSTON, Member of the Royal College of Surgeons, Surgeon to the Western Eye Dispensary. J. CHURCHILL, Princes-street, Soho.

Just Published, demy 8vo., Price 6s., A LETTER TO SIR BENJAMIN BRODIE, Bart., containing a Critical Inquiry into his Lectures on certain Local Nervous Affections. By WILLIAM GOODLAD, Member of the Royal College of Surgeons, of the Royal Medico-Chirurgical Society of London, &c. London: Longman and Co.; Sowler, Manchester.

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